REPORTS OF THE PUBLIC HEALTH COMMITTEE ON THE WORK OF THE VARIOUS INSTITUTIONS AND DEPARTMENTS UNDER ITS ADMINISTRATION FOR THE YEAR ENDED 31st DECEMBER, 1959.

Presented to the States by Senator T. G. Le Marinel, President of the Public Health Committee, on the 25th October, 1960.

MINISTRY OF HEALTH

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STATES OF JERSEY.

25th October, 1960.

THE PRESIDENT OF THE PUBLIC HEALTH COMMITTEE presented to the Assembly Reports on the work of the various institutions and departments under its administration for the year ended 31st December, 1959.

THE STATES ordered that the said Reports be printed and that copies thereof be distributed to the Members of the Assembly.

F. de L. BOIS,
Greffier of the States.

PUBLIC HEALTH COMMITTEE.

REPORT FOR 1959.

IN June, 1959, the Committee was honoured to receive at the General Hospital, Her Royal Highness, The Princess Margaret, accompanied by His Excellency the Lieutenant Governor and Lady Erskine and the Bailiff of Jersey and Lady Coutanche. Her Royal Highness was pleased to unveil a commemorative plaque in the new extension at the Hospital and also visited some of the wards.

It has been a great disappointment to the Committee that the work on the new extension has not progressed as quickly as was hoped and that the final arrangements for the opening could not be made during the year.

Work on the conversion of the former farm buildings at St. Saviour's Hospital has, however, progressed very well and it is anticipated that the new wards will be in operation early in 1960.

In its last Report, it will be recalled that the Committee expressed concern at the state of the teeth of the Island's children coupled with the hope that it would be possible to appoint a full time school dental officer and to open a school dental clinic in 1959. The Committee is pleased to record that these hopes have now been realised with the appointment of Mr. I. J. Campbell as School Dental Officer and the opening, in July, of a school dental clinic at 101, Halkett Place. It has been found that the volume of urgent remedial work is quite beyond the capacity of one officer and therefore it is intended to appoint at least one additional officer in 1960.

The Committee is pleased to record the appointment of Mr. W. R. Denny as Ear, Nose and Throat Consultant at the General Hospital in place of Dr. L. Ratazzi. Mr. Denny commenced his duties on 9th February, 1959.

It is regretted that, for personal reasons, Dr. R. L. Goodey, Deputy Medical Officer of Health, found it necessary to relinquish his duties as from 31st October, 1959.

It will be remembered that, in 1957, on the recommendation of Dr. R. N. McKinstry, former Medical Officer of Health, an experimental centre for handicapped children was commenced at the Westaway Creche. This experiment proved so successful that the Committee was faced with the problem of finding additional accommodation for the increasing number of children. With the kind co-operation of the Education Committee and the Trustees of the building known as the Jersey Home for Girls, that building has been made available to the Committee and it is proposed to transfer the Centre thereto in 1960, as a temporary measure.

GENERAL HOSPITAL REPORTS.

The reports submitted to the Committee on the work of the various Departments at the General Hospital again show that the upward trend in the number of attendances at the various clinics continues ; the figure for 1959 (82,254) being 7,102 over that for 1958.

Medical Department.

Dr. Bentlif, in his report, states that it was fortunate that there was no major epidemic in 1959, as the number of patients admitted, both male and female, was as great as ever, and he does not know what further steps can be taken to deal with this perennial problem of accommodation.

The number of cases of bleeding ulcer was astounding. All age groups have been affected, and it is difficult to understand the cause of the increase in gastro-duodenal ulceration. The number of diabetics is also on the increase, and again it is difficult to say why, in such a small community, there is this great number of people suffering from this disease.

The usual number of cases of tumour of the brain occurred and were sent to England for treatment.

Dr. Bentlif expresses his appreciation to Dr. Michael Kremer of the Middlesex Hospital Neurological Unit who has been most helpful in admitting cases from Jersey in the shortest possible time and also to Dr. F. B. Lee Lander of the Royal Free Hospital who has admitted obscure medical cases within a matter of a week at the outside.

The number of patients attending the Skin Clinic has increased since the opening of the new Saturday afternoon Clinic in May and medical practitioners are co-operating in sending cases to the Clinic for confirmation of diagnosis before expensive treatment, such as Cortisone preparations, are instituted.

The number of patients seen at the Medical and Skin Clinic during the past three years was as follows—

	1959		1958		1957	
SKIN CLINIC						
Old patients ...	1,293		753		515	
New patients...	472	1,765	270	1,023	191	706
MEDICAL CLINIC						
Old patients ...	816		689		592	
New patients...	80	896	65	754	87	679

Medical Clinic

Dr. R. O'Meara reports that, although there has been some decline in the number of new patients seen at this Clinic, the total number of patients attending has increased slightly over 1958.

Several interesting cases were referred to the Clinic by outside doctors, mostly for help in diagnosis, but some were undoubtedly referred because they could not afford to purchase the expensive drugs which were considered necessary for their treatment. Although occasionally abuses have occurred, these are few, and most cases are genuine.

The total number of cases seen over the past three years was as follows—

1959	1958	1957
882	877 (including 116 new)	885 (including 105 new)

Surgical Department

Mr. Halliwell and Mr. Birt report that the new ultra-sonic operating equipment is proving useful for recent injuries, old scars and adhesions around the joints and that an additional set of equipment is needed. Unfortunately, the attention of a Physiotherapist is required during the whole treatment and therefore only a limited number of patients can be treated during the day.

The convalescent ward at Overdale Hospital is proving extremely useful, enabling patients who have had operations to be transferred after a few days to complete their convalescence. It enables the retention for a little longer of patients who cannot be looked after at home and also has resulted in a decrease in the waiting lists.

The present operating theatre is now considerably overworked and the limitation of theatre space is on the point of limiting the amount of operating that can be done in the Hospital. The new twin theatres in the new extension will provide ample accommodation, and the old theatre will be able to provide much needed extra female surgical beds in the Hospital.

Routine statistics are as follows—

	1959	1958	1957
SURGICAL CLINICS			
Old patients	2,160	2,417	2,274
New patients... ...	713	757	1,075
ORTHOPAEDIC CLINIC			
Old patients	1,529	1,767	1,704
New patients... ...	438	466	445
OPERATIONS	1,179	1,228	1,257

During the year 1959 attendances at the Gynaecological Clinic were as follows—

Old patients	280
New patients...	138

and attendances at the Fracture Clinic were—

Old patients	1,529
New patients...	438

Cardiac Clinic

Dr. R. O'Meara reports that there has been a marked increase in the total number of patients seen in this Clinic during 1959.

The death, in December, of Mr. Chin of the Surgical Thoracic Unit in Southampton, probably one of the most successful and brilliant cardiac surgeons in England, was a tragic loss. He had operated successfully on over 30 patients from Jersey, most of them young and suffering from congenital heart disease, and whose expectation of life was very short indeed.

The diagnosis and sorting out of the cases which are suitable for surgery is difficult and usually necessitates repeated examinations. The co-operation of the Medical Officer of Health in referring children found to have cardiac murmurs at school medical inspections is especially helpful in finding these cases early.

Mass Miniature Radiography has also helped and all X-rays showing an abnormal heart shadow are discussed at weekly meetings at Overdale Hospital and followed up. Several cases, subsequently successfully operated on, have been picked up in this way.

As before, coronary heart disease continues to be the greatest killer and is responsible for more deaths, frequently unexpected, than all other forms of heart disease.

Patients seen at the clinic during the past three years were as follows—

1959	1958	1957
912 (including 135 new)	818 (including 146 new)	697 (including 142 new)

Ear, Nose and Throat Department

Mr. W. R. Denny states that there has been a considerable increase in the work of this Department both with inpatients and outpatients.

As a result of the re-equipping of the Department, the full range of ear, nose and throat operations has become possible. This is particularly applicable in relation to ear surgery.

Patients can now undergo operation for the relief of deafness of the middle ear and, in addition, those with infection of the middle ear and mastoid can be operated on for relief of the infection with maintenance of, or improvement, in hearing.

With the great increase in outpatient attendances, better waiting and examination room accommodation is urgently required.

Statistics for the past three years are as follows—

	1959	1958	1957
Number of attendances ...	2,622	1,165	1,221
Number of operations ...	388	226	249
Number of minor operations	127	—	47

Children's Department

Dr. H. L. Durell states that the improvements suggested in his report for 1958 have not as yet been carried out and he hopes that they will be tackled in the course of 1960.

There were six deaths in the Department, two children died of congenital abnormalities incompatible with life and four of fulminating respiratory infections. Fifteen patients were transferred to England for specialised treatment.

	1959	1958	1957
Admissions to Ward... ...	282	274	250
NUMBER SEEN IN CLINIC			
Old patients	389	428	299
New patients...	62	78	84
	451	506	383

Psychiatric Clinic

Dr. L. O'Meara makes the following points in connexion with the work of the Psychiatric Clinic during 1959.

Of the new patients, 48 were referred from the Medical and Surgical Wards.

151 patients were admitted to the Observation Ward, of whom 15 were certified, and 12 were discharged to England, France or Italy.

There were 22 cases of attempted suicide during the year, 11 females and 11 males.

24 patients were admitted on account of acute alcoholism.

25 children were given intelligence tests.

The new Treatment Unit was opened on 20th June, 1959, and has greatly eased the work of the Department. In all 123 treatments were given to 33 patients.

Dr. O'Meara states that it is with regret that she has resigned as psychiatrist in charge of in-patients. She pointed out that she could not treat the increasing numbers of patients in a fully satisfactory manner in the existing conditions of overcrowding in the Observation Ward.

In a resumé of what was then a completely new service in the history of the Island, Dr. O'Meara gives an interesting account of the work of the

Psychiatric Department and its growth since its inception in 1945.

In the first twelve months there were 1,904 attendances ; the first three patients being German prisoners. An outpatient clinic was then provided and each year the number of patients has increased.

During 1947, Dr. Wishart was appointed Superintendent at St. Saviour's Hospital and immediately took over an outpatient session.

Miss Findlay, Psychiatric Social Worker, joined the Department in 1948 on loan from the National Association for Mental Health, together with a Secretary and the necessary office equipment. Her permanent appointment was confirmed by the Committee nine months later. This completed the team, and it is considered that the service given to out-patients is comparable with any in England. However, as can be seen from the annual reports, the numbers increase yearly. Psychiatric cases are time consuming and it is impossible to shorten the waiting list.

With regard to the future, Dr. O'Meara feels that the answer to the problem of the shortage of beds may well be the Day Hospitals. Such hospitals are already helping to solve the bed shortage in many countries. These are Treatment Centres where patients suffering from psychiatrict ailments are accommodated for the whole of the day, but not for the night, and are given such psychiatric treatment as seems indicated.

Dr. O'Meara states that she is very happy that Dr. Wishart is now in charge of all in-patients. His kindness, help and support have been of incalculable value. She is grateful to Miss Findlay and to Miss Gummer for their unfailing help and support over the years and also to the Matron for her sympathetic sharing of her anxieties over the understaffed and overcrowded Observation Ward ; recently she has provided the Department with a Sister, who is a tremendous help.

Dr. O'Meara also thanked the President and Members of the Committee for their kindness over the years.

Statistics on the work of the Department for the past three years are as follows—

ATTENDANCES.

	1959		1958		1957	
Adult Clinic						
Old patients	2,800		2,372		2,237	
New patients	272	3,072	263	2,635	249	2,486
Child Guidance Clinic						
Old patients	371		296		411	
New patients	40	411	60	356	57	468
General cases, mainly geriatric	142		97 (9 months only)		108	

Eye Department

Dr. G. D. Harthan reports that the closing of the clinic whilst the structural alterations were being carried out has been reflected in the attendance figures.

Throughout the year the chief drawback has been the complete lack of provision for minor surgery in the Orthoptic Department and also the lack of space to develop new techniques. It is, therefore, essential that when the new extension is opened, proper accommodation should be allocated to the Department if it is to keep abreast of the time.

Statistics on the work of the Clinic are as follows—

	1959		1958		1957	
Eye Clinic						
Old patients	1,648		1,938		1,756	
New patients... ...	608	2,256	700	2,638	627	2,383
Orthoptic Clinic						
Old patients	725		712		750	
New patients... ...	79	804	108	820	96	846
Number of operations	84		179		72	
Number of minor operations	46	130	—	179	195	267

X-ray Department

Dr. P. A. W. Lea reports that the attendances for the year were 12,417, an increase of 495 over the figure for the previous year. This increase in annual attendances is a little less than in recent years and breaking the total down into in-patients, out-patients, Overdale Hospital patients and Visitors, it shows that the proportion of attendances in each grade has remained approximately the same.

Fewer skin patients received X-ray Therapy in 1959. There were 63 as against 80 attendances in the previous year. This drop probably reflects the current attitude that Superficial X-ray Therapy for non-malignant skin conditions should be restricted to those cases in which all other forms of treatment have failed and should rarely be given to young children or adolescents.

The permanent staff has not altered during the year and the standard of work has remained high in spite of the increase of work as compared with the previous year. As usual a locum Radiographer was engaged during the period which the staff took their annual holidays.

SILVER RECOVERY UNIT.

The Silver Recovery Unit which was installed in the Dark Room has now been in operation for over a year. It was estimated that £200 per annum would be saved, partly by the sale of the metallic silver recovered and partly by reduced consumption of developing chemicals. This figure of £200 is almost exactly what was indeed saved during the first year of its operation.

RADIUM STOCK.

The visiting Physicist approved the new siting for the Hospital's radium in the basement and no snags have been encountered as a result of moving it from the vicinity of the Operating Theatre. The Physicist recommended that certain equipment be ordered for carrying and manipulating the radium, in order to safeguard members of the Hospital Staff from excessive irradiation. This equipment was ordered and most of it has been supplied.

MONITORING OF THE X-RAY STAFF.

A continuous record of the radiation received by Radiographic staff during the course of their work was one of the recommendations made in 1958 by a sub-Committee set up to study the whole question of X-radiation of the population. In July, 1959 a continuous weekly monitoring of the X-ray staff was instituted. Prior to this date, it had been possible only to make sample estimations of the radiation received for one week in every four. This monitoring is carried out by the Physicists of the South Devon & East Cornwall Hospital Board, through the post.

NEW PORTABLE X-RAY MACHINE.

A new portable X-ray machine was purchased to replace the old one which was a war-time relic and for which no replacement parts cou'd be obtained owing to its age. The new machine is functioning very satisfactorily and is in constant use both in the Operating Theatre and in the X-ray Department, for special examinations.

Statistics for the past three years are as follows—

	1959	1958	1957
Number of cases X-rayed	12,417	11,922	10,913
Attendances for superficial X-ray Therapy treatment	63	80	83

Casualty Department

Mr. St. John Birt reports that attendances at this Department continue to increase, particularly in the summer season.

The Department has completely outgrown its present accommodation which affects its efficiency adversely and the growth of the casualty work in recent years has shown how vital it was to plan a new Casualty Department in the new extension. When the Department has moved into the new premises it will be able to give a greatly improved service to the public.

	1959	1958	1957
Casualty	40,132	35,393	35,273
Out-patients	41,877	36,093	38,663

Dental Department

Mr. A. S. Swain reports that fourteen of the Island's schools were visited during the year and that, of the 2,311 children examined, 866 children required treatment and 557 attended the Clinic.

There were five cases of fractured jaw, a high figure for the third year in succession, and seventeen cases of acute ulcerative gingivitis.

The usual weekly clinics were held at St. Saviour's Hospital and visits were also made to Overdale Hospital.

With the advent of a full school dental service, large changes are taking place, and these should be reflected in the figures for next year.

Statistics for the past three years are as follows—

	1959	1958	1957
Total attendances at Clinic	2,342	2,342	2,867
Adult attendances for extractions under anæsthetic	568	568	564
Child attendances for extractions under anæsthetic	1,062	1,062	1,261
Fillings for children	594	632	1,243
Children dentally examined at School	2,311	3,673	3,951
Number of children found to be in need of treatment	866	1,320	1,484
Number who attended Clinic... ...	557	720	975

Pharmacy Department

The Chief Pharmacist, Mr. C. W. Harewood, reports an overall increase in this Department of roughly 10% over the previous year. The extra large increase in the number of sterile syringes and needles issued by the Central Sterilising Laboratory being accounted for by the increased use of the service and the polio vaccination programme.

New undertakings by the Department during 1959 include the attendance of a dispenser every morning at St. Saviour's Hospital, and the provision of reserve supplies of drugs, dressings and surgical instruments in a comprehensive and mobile form for use in a major calamity. The latter must be examined and replaced periodically as many of the items depreciate or are needed in a fresh, sterilised state.

	1959	1958	1957
Number of issues to wards and departments	45,936	41,610	41,842
Dangerous drugs issued to wards and out-patients	1,002	1,100	879
Surgical sundries issued	10,591	10,279	9,640
Surgical instrument repairs handled	736	763	609
Intravenous infusions, injections, etc. prepared...	2,285	1,535	2,265
Sterile syringes complete, Needles, Transfusion sets and special items	81,860	39,638	14,659
Out-patient prescriptions (including N.H.S., Overdale and 4,530 pink prescriptions)...	37,433	32,741	28,071
Sales to individuals, priced issues to other Hospitals and States' Institutions	7,957	6,830	4,272
Gas and oxygen cylinders issued ...	1,291	1,216	1,109
Urgent calls out of duty hours ...	84	85	44
Lectures to nurses by Pharmacist ...	22	24	24
Hearing Aid transactions...	151	137	61
Ministry of Health War Pensioners Appliance cases handled	12	11	—
Immunologicals issued direct to General Practitioners	879	—	—
Issues dispensed at St. Saviour's Hospital	4,155	—	—

Pharmacy, Poisons and Medicines (*Jersey*) *Law*, 1952.

The Chief Pharmacist, who undertakes the duties of Inspector under this Law, reports as follows—

	1959	1958	1957
Visits to chemists, seedsmen, hairdressers and drug stores	33	42	26
Visits to grocers and general stores...	79	102	87
Authorization for purchase of strychnine...	122	118	80
Test purchase made...	1	11	8

Pathological Laboratory.

Dr. Geal reports that the year has been one of frustration as all plans for expansion of work and staff are contingent on the opening of the new hospital extension.

Nevertheless, a ten per cent increase in work is shown in the figures. This has only been achieved by the loyal co-operation of the technical staff, particularly those in the chemical department, who have to work in cramped conditions.

	1959	1958	1957
Total number of examinations performed	24,030	21,654	20,229

Chaplain's Report

The Reverend T. E. Fowler, in submitting his report for 1959, expresses his thanks to the Matrons of the General Hospital and Overdale Hospital for their co-operation and for the assistance of the Staff.

The attendances at Evensong have not always been satisfactory and on some occasions the congregation has consisted almost entirely of people from outside the Hospital. He repeats a suggestion which he made some four years ago in the interests of the patients that, as it was not always possible for patients to be taken to the Chapel from the wards, the Chapel should be wired for sound and linked to the Hospital circuit. In this way those patients who wished to join in the services could use the head phones and such an arrangement would help him enormously in his work.

In conclusion, the Chaplain expresses the hope that it would be possible, eventually, to provide a Chapel at Overdale Hospital and he considered something quite small and simple would be suitable.

	General Hospital		Overdale Hospital	
Communicants	Staff	133	Patients	11
	Patients	184		
Baptisms		7		—
Burials		5		—

GENERAL HOSPITAL STATISTICAL TABLES.

Statistics for the year to 31st December, 1959.

IN-PATIENTS.

Number of Patients at beginning of the Year	115
Number of Patients admitted during the Year	3,555
Number of Patients at the end of the Year	90
Average number of Patients resident daily throughout the Year	140

Annual Expenditure on In-Patients and average cost of each In-Patient per week.

	Expenditure on In-Patients	Average cost of each In-Patient per week		
	£	£	s.	d.
Provisions	21,894	3	0	0
Surgery and Dispensary	19,148	2	12	6
Domestic	16,763	2	5	11
Salaries and Wages	113,372	15	10	6
Miscellaneous	4,001		11	0
Administration	6,883		18	10
Establishment, Renewals and Repairs	5,154		14	2
	187,215	25	12	11

GENERAL HOSPITAL.
STATISTICAL TABLES.

Statistics for the year to 31st December, 1959.

OUT-PATIENTS DEPARTMENTS.

New Patients and Attendances.

Departments	New Patients	Attendances
Casualty and Daily Clinics	10,752	41,877
Eye	608	2,256
E.N.T.	663	2,622
Skin	472	1,765
Medical	162	1,778
Cardiac	135	912
Surgical	683	2,873
Children	62	451
X-Ray	8,317	10,463
Dental	804	2,035
Physiotherapy	727	9,518
Orthopædic	438	1,967
Psychiatry	144	2,515
Orthoptic	79	804
Gynæcological	138	418
	23,184	82,254

GENERAL HOSPITAL.
STATISTICAL TABLES.

STATISTICS FOR THE YEAR TO 31st DECEMBER, 1959.

OUT-PATIENTS.

Total Number of New Out-Patients	24,184
Total Number of Out-Patient Attendances	82,254

ANNUAL EXPENDITURE ON OUT-PATIENTS AND AVERAGE COST OF EACH OUT-PATIENT ATTENDANCE.

	Expenditure on Out-Patients	Average cost of each Out-Patient Attendance
	£	d.
Provisions	2,379	6.94
Surgery and Dispensary	15,441	45.05
Domestic	2,041	5.95
Salaries and Wages	22,543	65.78
Miscellaneous	1,102	3.21
Administration	3,399	9.92
Establishment, Renewals and Repairs	843	2.47
	47,748	139.32

STATEMENT OF AFFAIRS

to December 31st, 1959.

General Hospital, Statement of Affairs

	£	s.	d.	£	s.	d.
HOSPITAL BALANCES AS AT 1st JANUARY, 1959.						
Amount due from Paying Patients	15,146	5	10			
Amount due from Physiotherapy	1,772	9	7			
Amount due from X-Ray...	3,448	18	0			
Amount due from Special Drugs	2,150	2	9			
Amount due from Sundries	1,163	18	6			
Amount due from Parishes	4,255	10	0			
				27,937	4	8
TREASURER OF THE STATES OF JERSEY.						
Expenditure during the twelve months to date on the following Votes :						
Salaries and Wages ...	175,579	16	4			
Maintenance and Supplies	100,161	8	5			
Renewals and Repairs to Buildings, Plant and Insurance	8,311	15	3			
Pensions...	846	18	8			
Special Treatment Fund.	2,841	17	6			
Superannuation Contributions in Suspense ...	2,392	19	2			
				290,134	15	4
EXTRAORDINARY EXPENDITURE.						
Preliminary Expenses ...	371	0	0			
Extension	68,622	0	0			
				68,993	0	0
HOSPITAL BALANCES AS AT 31st DECEMBER, 1959.						
Superannuation Contributions in Suspense	199	5	4			
Special Appliances in Suspense	51	12	6			
				251	1	10
				£387,316	1	10

for the Year ended 31st December, 1959.

	£	s.	d.	£	s.	d.
HOSPITAL BALANCES AS AT 1st JANUARY, 1959.						
Contributions in Suspense..	129	1	9			
Appliances in Suspense ...	47	17	6	176	19	3
TREASURER OF THE STATES OF JERSEY.						
Receipts during the twelve months to date under the following heads :—						
Interest on Investments...	304	13	2			
Paying Patients	26,074	16	8			
Sundries...	7,256	10	3			
Parishes	15,332	11	0			
Contributions in Suspense...	2,463	6	9			
Special Appliances in Suspense	3	15	0	51,435	12	10
MAINTENANCE ACCOUNT						
Hospital for twelve months to date	233,828	16	11			
Appropriation Account ...	3,073	12	0	236,902	8	11
EXTRAORDINARY EXPENDITURE.						
Preliminary Work	371	0	0			
Extension	68,622	0	0	68,993	0	0
HOSPITAL BALANCES AS AT 31st DECEMBER, 1959.						
Amount due from Paying Patients	19,061	9	10			
Amount due from Physiotherapy	1,857	19	3			
Amount due from X-Ray...	2,867	0	0			
Amount due from Special Drugs	1,133	12	5			
Amount due from Sundries	937	6	10			
Amount due from Parishes	3,950	12	6	29,808	0	10
				£387,316	1	10

MALE POOR LAW DEPARTMENT.

STATISTICAL TABLES.

STATISTICS FOR THE YEAR TO 31st DECEMBER, 1959.

Number of Inmates at the beginning of the Year...	53
Number of Inmates admitted during the Year ...	45
Number of Inmates at the end of the Year	56
Average number of Inmates resident daily throughout the Year	55

ANNUAL EXPENDITURE ON INMATES AND AVERAGE COST OF EACH INMATE PER WEEK.

	Expenditure on Inmates	Average cost of each Inmate per week		
	£	£	s.	d.
Provisions	4,720	1	12	11
Surgery and Dispensary...	591		4	1
Domestic	1,776		12	4
Salaries and Wages	6,220	2	3	6
Miscellaneous	10			1
Administration	113			9
Establishment, Renewals and Repairs	150		1	1
	13,580	4	14	8

STATES OF JERSEY—ST. SAVIOUR'S HOSPITAL.

MEDICAL SUPERINTENDENT'S REPORT FOR THE YEAR 1959.

I have the honour to submit the ninety-first Annual Report on the work of the hospital.

The following table shows the changes in the number of patients:

	Male	Female	Total
Number resident on 1st January, 1959	93	138	231
Number admitted during the year 1959	14	22	36
Number discharged during the year 1959	9	13	22
Number deceased during the year 1959	2	9	11
Number resident on 31st December, 1959	96	138	234
Total number under treatment in 1959	107	160	267

ADMISSIONS.

There was a small increase in the number of admissions, from 34 last year to 36 this year. Of the 22 female admissions, 16 were new patients and 6 recurrent cases. The 14 male admissions comprised 4 new patients, 6 recurrent cases, 3 patients readmitted from trial discharge, and 1 readmitted after treatment for tuberculosis at Overdale Hospital.

Classification by Sex and Age :	Male	Female
Over 70 years	—	5
50—70 years	4	7
30—50 years	8	8
15—30 years	2	2

DISCHARGES.

9 male and 13 female patients were discharged, in all 6 fewer than in the previous year.

	Male	Female
Discharged recovered	2	3
Discharged relieved to care of relatives...	6	9
Discharged unimproved to care of relatives	1	1

DEATHS.

2 male and 9 female patients died during the year compared with a total of 7 deaths in 1958. An inquest was held on an elderly lady who died from pulmonary embolism following an accidental fracture of the left hip. There were 3 deaths from cancer.

HEALTH.

There has been little physical illness to record during the year and the main problem in the way of physical nursing is the difficulty in caring for the increasing number of senile female patients, who are incontinent and either completely bedridden or practically so, in an institution which was never designed to accommodate such cases.

Three female patients suffered accidental fractures of the femur, one sustained a fracture of the wrist, and another broke a collar-bone. One male and three female patients underwent surgical operations at the General Hospital. All the patients were screened radiologically by the Medical Officer of Health, and no further cases of chest disease were found. The nursing and non-nursing staff attended for mass miniature radiography twice during the year, and those who so desired were vaccinated against poliomyelitis.

CHARGEABILITY.

The chargeability of patients remaining under treatment at the end of the year is as follows :—

CLASS.	Male	Female	Total
First	2	6	8
Second	4	14	18
Third	2	16	18
Special Rate		1	1
RATE-AIDED.			
Island	9	24	33
St. Helier	48	46	94
St. John	—	—	—
St. Saviour	5	8	13
St. Lawrence	4	4	8
St. Martin	3	5	8
St. Ouen	8	1	9
St. Clement	2	1	3
St. Peter	3	2	5
Grouville	2	1	3
St. Brelade	3	6	9
Trinity	1	2	3
St. Mary	—	1	1
	96	138	234

MAISON DE LA MARTINE.

There were no admissions, discharges, nor deaths, the number of patients remaining stationary at 14 boys and 7 girls. Six of the children attend school at the Occupation Centre. Again I must record my appreciation of the kindness of the girls from Rouge Bouillon School towards the children at Maison de la Martine.

VISIT OF LIEUTENANT-GOVERNOR.

On Monday, April 6th, the hospital was honoured by His Excellency the Lieutenant-Governor and Lady Erskine, who visited the Wards, and spoke to patients and members of the staff.

THE ROYAL VISIT.

On Friday, June 26th, through the generosity of the Constable of St. Saviour, a number of the patients were invited to the Victoria Cottage Homes to see Her Royal Highness the Princess Margaret, on the occasion of her visit to the Island.

DIVINE SERVICE.

The customary services for Church of England patients have been conducted by the Vicar of Gouray, who has, however, changed the date of the monthly service from the first to the second Sunday in each month. Roman Catholic services have also been held in the usual way.

STAFF.

Nursing : Considerable difficulty has been experienced this year in obtaining the services of qualified female nursing staff, although nursing assistants have been forthcoming in reasonable numbers. The male nursing staff has been maintained at adequate strength.

Domestic : Kitchen and laundry staff have generally been available when replacements were required, but it is always difficult to provide cleaners and dining room maids.

Occupational Therapy. Mrs. Street resigned from the post of Assistant Occupational Therapist and her place has been taken by Mrs. Bennett.

DISPENSING.

Owing to increasing demands on my time, it has become impossible for me to continue the dispensing and issue of drugs as has been my custom previously. These duties have now been taken over by the Department of Pharmacy at the General Hospital, and a qualified member of the staff of that department now attends daily for this purpose.

OPEN-DOOR WARDS.

Although the design of the building does not readily lend itself to the implementation of an open-door policy throughout the hospital, some progress has been made in this direction, thanks to the improved standard of conduct among the patients resulting from advances in therapy. Since February the main door on the female side has remained open during the day, and unauthorised departures have been neither frequent nor serious. What was then a novel situation no longer gives rise to anxiety nor even to comment, but undoubtedly a return to the old ways would arouse resentment on the part of patients and nursing staff. The new male villa which will be ready for occupation early in the New Year will also be conducted on an open-door system.

O.T. SALE.

A successful sale of work was held in the Occupational Therapy Department on November 19th, when the sum of £165 18s. 6d. was realised.

ENTERTAINMENTS.

Entertainments followed much the same pattern as before. The daily television programmes have become a routine part of hospital life, as they are of home life, and the absence of cinema performances never now gives rise to comment. I am most grateful to the Management of the Green Room Club and to the Young Farmers' Club for providing theatrical entertainment.

The annual picnics took place in June, and were well attended, but have not quite the same significance now that there are additional coach drives and so many more patients are able to go out with their relatives. Good use has been made of the improved games facilities and the patients are often to be seen on the front field at cricket or football according to the season.

Christmas festivities and fare were well up to standard and much enjoyed by all.

Grounds and Gardens.

The gardens and grounds have been well kept, despite the extremely dry weather experienced this year. Farm produce and vegetables to a value of £1,620 7s. 0d. were raised on the estate.

Repair and Upkeep of Buildings.

Repairs and redecoration have been carried out where essential, but greater efforts will have to be made next year if the high standards achieved in the past decade are to be maintained.

Heat, Light, Power and Water.

These services have again been satisfactorily maintained throughout the year. In spite of the prolonged drought, the water supply never failed, although under the circumstances it was considered advisable to restrict the use of water to essential requirements for a time.

The conversion of the boilers from coal to oil burning in January was effected with little or no interruption of the heating of the hospital, and so far the new installation has shown itself to be clean and economical in operation. The Insurance Company's inspector has again reported favourably on the condition and maintenance of the plant.

Once again I am happy to pay generous tribute to the staff in all departments of the hospital, whose conscientious and loyal service contribute so much to the welfare of the patients, and I would offer my grateful thanks to the President and Members of the Public Health Committee for their unfailing encouragement and appreciation.

JOHN WISHART,
B.A., M.B., B.S., M.R.C.S., L.R.C.P., D.P.M.,
Medical Superintendent.

St. Saviour's Hospital—Statement of Affairs,

	£	s.	d.	£	s.	d.
HOSPITAL BALANCES AT 1st JANUARY, 1959.						
Amounts due from Parishes	5,884	10	0			
Amounts due from Pensionnaires	2,090	7	9			
				7,974	17	9
TREASURER OF THE STATES OF JERSEY.						
Expenditure on the following Votes :—						
RENTAL, Queen's Farm and Land	244	0	0			
SALARIES AND WAGES ...	49,841	14	10			
PENSIONS TO RETIRED EMPLOYEES...	1,302	6	0			
REPAIRS AND UPKEEP OF BUILDINGS	2,510	15	5			
MAINTENANCE AND SUPPLIES	42,124	12	4			
CONVERSION OF BOILERS..	1,580	9	10			
CONVERSION OF FARM BUILDINGS	8,190	10	8			
				105,794	9	1
				£113,769	6	10

Year ended 31st December, 1959.

	£	s.	d.	£	s.	d.
TREASURER OF THE STATES OF JERSEY.						
Receipts on the following Estimates during the year to date						
RECEIPTS FROM PAYING PATIENTS	8,631	10	9			
SUNDRY RECEIPTS ...	927	19	7			
PARISHES	23,327	5	0			
				32,886	15	4
MAINTENANCE, APPROPRIATION AND FARM ACCOUNTS.						
Nett Cost for twelve months to date						
MAINTENANCE	58,584	13	8			
APPROPRIATION	14,773	0	9			
FARM	188	14	7			
				73,546	9	0
HOSPITAL BALANCES AT 31st DECEMBER, 1959.						
AMOUNTS DUE FROM PARISHES...	5,804	12	6			
NETT AMOUNTS DUE FROM PENSIONNAIRES	1,531	10	0			
				7,336	2	6
				£113,769	6	10

St. Saviour's Hospital—Maintenance Account,

To Ordinary Expenditure.	£	s.	d.	£	s.	d.
1. Provisions	21,390	7	3			
				21,390	7	3
2. Surgery & Dispensary.						
Drugs, Chemicals and Disinfectants	1,892	4	5			
General Equipment...	242	8	8			
				2,134	13	1
3. Domestic.						
Furniture and Fixtures, Renewal and Repairs	1,818	8	5			
Patients' Clothing ...	2,040	5	9			
Bedding and Drapery	839	7	9			
Rent, Light, Heat, Power, Insurance, etc.	9,292	4	0			
Staff Uniforms... ...	266	15	6			
Occupational Therapy	859	14	0			
				15,116	15	5
4. Salaries, Wages and and Pensions.						
Other Officers and Employees	43,039	14	9			
Pensions to Retired Employees	1,302	6	0			
Medical and Dental Treatment of patients	2,381	3	2			
				46,723	3	11
5. Miscellaneous.						
General and Miscellaneous Expenses ...	217	15	2			
Travelling Expenses...	515	9	3			
Maintenance Allowances	326	16	5			
Newspapers, Periodicals and Press Notices	302	7	5			
Pocket money for Patients	883	11	0			
Funerals of inmates ...	29	15	0			
				2,275	14	3
Carried forward ...				£87,640	13	11

Year ended 31st December, 1959.

		£	s.	d.	£	s.	d.
By Income.							
Charges to In-patients and Parishes		31,320	0	6			
By Balance, being nett cost of the Institution to date (maintenance of patients only) carried to Statement of Affairs		58,584	13	8			
Statistics for Unit of Cost.							
Number of Days in period...	365.						
Number of paying patient days ...	80,200.						
Number of non-paying patient days	12,452.						
Average cost per patient per day ...	19/4.894d.						
Average receipt per paying patient per day	7/9.725d.						
Carried forward ...					£89,904	14	2

	£	s.	d.	£	s.	d.
Brought forward... ...				87,640	13	11
6. ADMINISTRATION.						
Medical Superintendent...	1,750	0	0			
Postages, Telegrams and Telephones ...	276	17	1			
Books and Stationery..	121	1	7			
				2,147	18	8
7. ESTABLISHMENT.						
Chaplain	100	0	0			
Freights and Wharfage	16	1	7			
				116	1	7
				£89,904	14	2

APPROPRIATION ACCOUNT.

To EXTRAORDINARY EXPENDITURE.

	£	s.	d.	£	s.	d.
Repairs and Upkeep of Buildings	4,837	6	11			
Roads, Avenues and Gardens, Repairs and Upkeep	164	13	4			
Conversion of Boilers from Coal to Oil Firing... ...	1,580	9	10			
Conversion of Redundant Farm Buildings	8,190	10	8			
				14,773	0	9

FARM ACCOUNT.

	£	s.	d.	£	s.	d.
To GENERAL EXPENSES, Labour, Poultry Foods, etc... ...	1,960	6	7			
				£1,960	6	7

Maintenance Account—(*continued*).

	£ s. d.
Brought forward ...	89,904 14 2
	£89,904 14 2

APPROPRIATION ACCOUNT.

	£ s. d.	£ s. d.
By Balance, carried to Statement of Affairs	14,773 0 9	
		£14,773 0 9

FARM ACCOUNT.

	£ s. d.	£ s. d.
By Sales, Hay, etc....	151 5 0	
By Supplies, to the Institution, Veg. etc....	1,620 7 0	
By Balance, carried to Statement of Affairs	188 14 7	
		£1,960 6 7

THE JERSEY MATERNITY HOSPITAL.

During the year 1959, the total number of women delivered at the Jersey Maternity Hospital was 828 and the number of booked cases was 380. These figures compare with 844 and 347 respectively for 1958.

		1959		1958
Number of deliveries	with medical aid	51	...	52
Do.	with forceps...	59	...	72
Do.	by doctors	380	...	351
Do.	by midwives...	448	...	493
Do.	by cæsarean section ...	49	...	36

In addition, there were 11 cases of delivery at home before the arrival of the midwife.

Total number of live births—

	1959			1958	
Boys ...	438		Boys ...	441	
Girls ...	383	821	Girls ...	394	835

1959	1958
(including 4 sets of twins)	(including 8 sets of twins)
(*a*) 3 sets—males	(*a*) 4 sets—1 male and 1 female
(*b*) 1 set—1 male and 1 female	(*b*) 2 sets—males
	(*c*) 2 sets—females

The number of stillbirths was 14, due to the following causes—

(*a*) Macerated fœtus and untreated toxæmia...	1 female
(*b*) Macerated fœtus due to placental insufficiency ...	3 females, 3 males
(*c*) Gross abnormalities	2 males
(*d*) Asphyxia in utero due to eclamptic fits and Mother's death	Twins (1 male, 1 female)
(*e*) Prolampsed cord	1 female
(*f*) B.B.A. macerated untreated toxæmia	1 male

The number of neo-natal deaths was 9, due to the following causes—

(*a*) Gross abnormalities	1 female and 1 male
(*b*) Examphalos...	1 male
(*c*) Asphyxia neo-natorum ...	1 female
(*d*) Tentorial tear hæmorrhage..	1 male
(*e*) Prematurity due to Atelectasis	1 female and 2 males
(*f*) Prematurity untreated toxæmia	1 male

There was 1 maternal death due to severe toxæmia, eclamptic fits and heart failure and 1 death due to abortion, A.P.H. and severe toxæmia of Mother.

In addition, 86 circumcisions were performed at the hospital and 84 operations for artificial rupture of membranes.

Attendances at the Out-Patient Department were—

1959	1958
1,491	1,439

SANDYBROOK HOSPITAL.

I have the honour to submit to you my report on Sandybrook Hospital for the year 1959.

We have had an uneventful year although the hospital has been working to its fullest, and often over its capacity.

May I again express my appreciation of the staff, particularly Matron and Sister Le Riche for their continued watchfulness on the patients who are not easy to nurse.

Mr. Nicholas the physiotherapist continues to maintain a marked improvement in a number of the old ladies.

I am grateful too to Dr. Wishart for his help in some of the more difficult subjects.

There has been a reduction in the number of deaths this year and the average age at death about the same, viz. 80.2 years.

Herewith are the statistics for the year—

	1959	1958
Number of patients at beginning of the year...	80	79
Number of patients admitted during the year	36	29
Number of patients in at the end of the year	81	80
Average daily resident	82	81
Number deceased	19	23
Average age of deceased	$80\frac{1}{5}$	$80\frac{5}{6}$

Once again I would like to thank the Committee for their help and co-operation during the year.

J. OLIVER CLYDE,
Visiting Physician.

SANDYBROOK ANNEXE.

STATISTICAL TABLES.

STATISTICS FOR THE YEAR TO 31st DECEMBER, 1959.

Number of Inmates at the beginning of the Year	80
Number of Inmates admitted during the Year	36
Number of Inmates at the end of the Year	81
Average number of Inmates resident daily throughout the year	82

ANNUAL EXPENDITURE ON INMATES AND AVERAGE COST OF EACH INMATE PER WEEK.

	Expenditure on Inmates.	Average Cost of each Inmate per week.		
	£	£	s.	d.
Provisions	6,419	1	10	0
Surgery and Dispensary	1,486		6	11
Domestic	5,076	1	3	9
Salaries and Wages	20,724	4	16	11
Miscellaneous	191			11
Administration	269		1	3
Establishment, Renewals and Repairs	1,618		7	7
	35,783	8	7	4

AMBULANCE SERVICE.

During 1959, the St. John Ambulance Service in Jersey covered 44,961 miles, and dealt with 4,672 cases. This is an increase of 634 cases on 1958. Distance covered increased by 12,219 miles on 1958.

The number of persons injured in motor vehicle accidents increased by 38 to 107.

Other accidents dealt with and not mentioned in categories, total 282 and include collapses and accidents in the home or at work. Stairs, steps and highly polished floors appear to be the cause of the majority of accidents in the home, and broken glass is responsible for most of the injuries on the beach.

Of the number of accidents recorded for the year, the month of August was the highest with a total of 91.

Visitors to the Island were conveyed by ambulance on 219 occasions.

The detailed statement for 1959, compared with that of the previous year, is as follows—

Service	1959	1958
General	1,736	1,792
X-ray	245	279
Accidents	660	537
Maternity	64	65
Fever	22	41
Special Treatment	1,780	1,143
Mortuary	108	100
Patients by Air	47	65
Patients by Steamer	10	16
	4,672	4,038

ROAD ACCIDENTS.

Motor vehicles	107	69
Motor cycles and motor scooters	94	85
Bicycles	38	43
Pedestrians...	139	134
	378	331

The number of night calls (10 p.m.—7 a.m.) dealt with in 1959 totalled 335. One case was dealt with by the Police driving an ambulance.

A total of 2,694 gallons of petrol and 38 gallons 2½ quarts of oil were consumed by the vehicles on service.

The number of cases conveyed by the Voluntary Hospital Car Service was 883.

H. E. STEPHENS,
Deputy Commissioner.

E. BURBIDGE,
Transport Officer.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1959.

Contents :—

(1) Introduction—mortality tables and vital statistics. Pages 47 to 53
(2) Report on tobacco smoking in the Island. Pages 54 to 61
(3) Report on Tuberculosis in Jersey, 1910–1959. Pages 62 to 70
(4) Report on Miniature Radiography Service. Pages 71 to 73
(5) Anti-Poliomyelitis Vaccination. Page 74
(6) B.C.G. Vaccination against Tuberculosis. Page 75 to 76
(7) Overdale Hospital and Chest Clinic. Pages 77 to 79
(8) School Health Service. Pages 80 to 83
(9) School Dental Clinic. Pages 84 to 85
(10) Report of Chief Sanitary Inspector. Pages 86 to 100
(11) Boarding out scheme for Aged and Infirm. Page 101
(12) Occupation Centre. Page 102

I have the honour to present the annual report for 1959 for that part of the Public Health Department which has its headquarters at South Hill.

From these offices stems the control and supervision of the School Health Service, the Miniature Radiography Department, the Occupation Centre for mentally handicapped children, the clinical work at Overdale Hospital which includes the Chest Clinic for outpatients, the Sanitary Inspectors' Department, the cesspool emptying service, the pest control service and the disinfection service. The immunisation programme which includes B.C.G. vaccination against tuberculosis and anti-poliomyelitis vaccination is also controlled from the office at South Hill. Amongst many other duties which fall to the lot of the Medical Officer of Health and his staff are the boarding out of the aged and infirm and the investigation of some of the problem families. The actual supervision of foster children is still legally the responsibility of the Public Health Committee but the administrative and practical responsibility of this work passed during the year from the Medical Officer of Health to the very capable hands of the newly appointed Children's Officer.

During the year Dr. R. L. Goodey, the Deputy Medical Officer of Health left the Island to take up a senior post on the mainland. He was a most loyal and efficient colleague who gave himself unsparingly to the job in hand and his departure is much regretted.

Prevention of certain diseases by means of vaccination or immunisation continues to give Jersey a shield against these threats to health and life, that is wider in its scope and efficiency that that provided on the mainland, On the other hand our control of the environment, with the notable exception of crude sewage on the beaches, is lagging behind the mainland. Poor housing with insufficient living space, light and ventilation and inadequate water supply, toilet and cooking facilities is still the lot for far too many of our population. A thorough survey of the homes in which we live is long overdue but is held up for lack of staff. A return to normal working strength of our Sanitary Inspectors is still regarded as essential by those who have to do the work. Only then can the full extent of the housing problem be clearly defined.

The work of the Sewerage Board is now beginning to bear fruit and soon the Island will be able to boast that its beaches are not only the most beautiful but the cleanest and safest in the British Isles.

A welcome addition to the staff is Mr. Campbell, Jersey's first full time School Dental Officer. His report shows that the dental problem is even greater than was thought and it is a pleasure to record that the States have accepted the recommendation of the Public Health Committee to increase the man power of the School Dental Service to a sufficient level to cope with the great amount of work involved. Next year's report will show that Jersey's 8,000 odd school children are now receiving attention from three full time and one part time dental officers. In spite of this improvement, prevention of two thirds of the present rate of dental decay, by means of fluoridation is still desirable.

Cheap tobacco and cheap alcohol provide two potential threats to the health and well being of individuals of the Island and while information on people's drinking habits is hard to come by, it is possible to be more specific concerning tobacco. In the smoking survey that appears in this report an attempt has been made to assess as accurately as possible the amount of disease directly attributable to smoking and it will be seen that Jersey is paying a high price for " cheap " tobacco. It is to be hoped that action in dealing with this major health problem will not be long delayed.

General Statistics.

Area (acres)	28,717
Population (estimated mid-year)	57,218
Number of persons per acre	2
Marriage rate per 1,000 estimated population	20.6
Deaths	731
Death rate per 1,000 estimated population	12.8
Comparability factor	0.87
Standardised death rate	11.0
Live births	950
Live birth rate per 1,000 estimated population	16.6
Still-births	15
Still-birth rate per 1,000 live and still births	15.6
Total live and still births	965
Infant deaths	18
Infant mortality rate per 1,000 live births (total)	19.0
Infant mortality rate per 1,000 live births (legitimate)	18.5
Infant mortality rate per 1,000 live births (illegitimate)	31.2
Neo-natal mortality rate per 1,000 live births	13.7
Illegitimate live births per cent of total live births	3.4
Maternal deaths	1
Maternal mortality rate per 1,000 live and still births	1.0
Malignant disease (Cancer) (all forms) mortality rate per 1,000 estimated population	2.5
Tuberculosis (all forms) mortality rate per 1,000 estimated population	0.09

The Population.

The estimated mid-year population was 57,218. This figure has been arrived at by taking the resident population of the Census year of 1951 of 56,160 and adding to it the births that have taken place in the island since 1951 and subtracting the deaths. The figure last year was 57,000.

There is considerable evidence pointing to the fact that our present population is several thousand more than the estimated figure of 57,218. None of it, unfortunately, is reliable enough to provide a figure which can be used as a firm basis for statistical purposes. The census of next year should provide some interesting results.

THE MARRIAGE RATE.

There were 588 marriages during 1959 giving a marriage rate (or persons married per 1,000 estimated population) of 20.6 as against 17.9 last year.

THE BIRTH RATE.

950 live births were registered during the year, giving a birth rate of 16.6 per 1,000 estimated population. There were 942 in 1958 when the rate was 16.5. 32 or 3.4% of the total live births were illegitimate.

THE DEATH RATE.

The total number of deaths registered was 731 (392 males and 339 females) giving a crude death rate of 12.8 per 1,000 estimated population. Deaths during 1958 numbered 772 when the rate was 13.5.

The comparability figure, when multiplied by the crude death rate gives the death rate we would have had if the age and sex distribution was the same as that of England and Wales as a whole. In our case, the figure is 0.87 which gives us a standardised death rate of 11.0 as against 11.8 last year.

The percentage of total deaths occurring at ages 65 and upward was 66.6; at ages 75 and upward 44.2. The average age at death was 66 for males and 71 for females.

Deaths occurring in visitors, usually from coronary thrombosis, are still numerous but are registered as local deaths. They greatly outnumber deaths of

TABLE I.

Deaths (exclusive of foetal deaths) cross-classified by cause, sex and age : latest available year, 1959.

List No. (1)	Abbreviated List of 50 Causes for Tabulation of Mortality (Sixth (1948) Revision of the International Lists of Diseases and Causes of Death). (2)	MALE																		
		All ages (3)	Under 1 year (4)	1—4 years (5)	5—9 years (6)	10—14 years (7)	15—19 years (8)	20—24 years (9)	25—29 years (10)	30—34 years (11)	35—39 years (12)	40—44 years (13)	45—49 years (14)	50—54 years (15)	55—59 years (16)	60—64 years (17)	65—69 years (18)	70—74 years (19)	75 years and over (20)	Age not stated (21)
	All causes	392	10	2	—	1	2	9	2	4	4	7	15	23	31	37	44	54	146	1
1	Tuberculosis of respiratory system	3	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	—
2	Tuberculosis, other forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	Syphilis and its sequelae	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
4	Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	Dysentery, all forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	Scarlet fever and streptococcal sore throat	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10	Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13	Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15	Typhus and other rickettsial diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16	Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	81	—	—	—	—	—	—	—	—	1	1	4	4	12	6	14	11	28	—
19	Benign and unspecified neoplasms	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
20	Diabetes mellitus	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
21	Anaemias	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
22	Vascular lesions affecting central nervous system	37	—	—	—	—	—	—	—	1	—	1	—	4	—	4	6	4	17	—
23	Nonmeningococcal meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24	Rheumatic fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25	Chronic rheumatic heart disease	5	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	2	1	—
26	Arteriosclerotic and degenerative heart disease	93	—	—	—	—	—	—	—	—	1	—	6	6	10	14	11	17	28	—
27	Other diseases of heart	7	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	4	—
28	Hypertension with heart disease	7	—	—	—	—	—	—	—	—	—	—	1	1	1	—	2	—	2	—
29	Hypertension without mention of heart	9	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	4	3	—
30	Influenza	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
31	Pneumonia	26	1	2	—	—	—	—	—	—	—	—	—	1	1	1	3	3	13	—
32	Bronchitis	16	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	2	10	—
33	Ulcer of stomach and duodenum	5	—	—	—	—	—	—	—	—	—	1	1	—	2	—	—	—	1	—
34	Appendicitis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
35	Intestinal obstruction and hernia	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
36	Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—
37	Cirrhosis of liver	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
38	Nephritis and nephrosis	3	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	1	—
39	Hyperplasia of prostate	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	10	—
40	Complications of pregnancy, childbirth and the puerperium																			
41	Congenital malformations	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
42	Birth injuries, postnatal asphyxia and atelectasis	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
43	Infections of the newborn	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
44	Other diseases peculiar to early infancy, and immaturity unqualified	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45	Senility without mention of psychosis, ill-defined and unknown causes	15	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	1	10	—
46	All other diseases (Residual)	19	1	—	—	—	—	—	—	—	—	1	—	1	—	2	1	3	9	—
47	Motor vehicle accidents	9	—	—	—	—	2	4	—	—	—	—	—	—	1	1	1	—	—	—
48	All other accidents	17	—	—	—	1	—	5	1	—	1	—	2	1	1	1	1	1	2	—
49	Suicide and self-inflicted injury	5	—	—	—	—	—	—	—	—	—	1	—	1	—	2	—	—	—	—
50	Homicide and operations of war	2	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—

TABLE I (*continued*).

Deaths (exclusive of foetal deaths) cross-classified by cause, sex and age: latest available year, 1959.

List No. (1)	Abbreviated List of 50 Causes for Tabulation of Mortality (Sixth (1948) Revision of the International Lists of Diseases and Causes of Death). (2)	FEMALE All ages (3)	Under 1 year (4)	1—4 years (5)	5—9 years (6)	10—14 years (7)	15—19 years (8)	20—24 years (9)	25—29 years (10)	30—34 years (11)	35—39 years (12)	40—44 years (13)	45—49 years (14)	50—54 years (15)	55—59 years (16)	60—64 years (17)	65—69 years (18)	70—74 years (19)	75 years and over (20)	Age not stated (21)
	All causes	339	8	—	1	1	1	—	—	2	5	6	11	15	15	31	25	41	177	—
1	Tuberculosis of respiratory system	2	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
2	Tuberculosis, other forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	Syphilis and its sequelae	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	Dysentery, all forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	Scarlet fever and streptococcal sore throat	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10	Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13	Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15	Typhus and other rickettsial diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16	Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	64	—	—	—	—	—	—	—	1	2	3	3	5	6	9	7	9	19	—
19	Benign and unspecified neoplasms	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
20	Diabetes mellitus	4	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	3	—
21	Anaemias	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
22	Vascular lesions affecting central nervous system	58	—	—	—	—	—	—	—	—	1	1	—	2	2	3	6	10	33	—
23	Nonmeningococcal meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24	Rheumatic fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25	Chronic rheumatic heart disease	2	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—
26	Arteriosclerotic and degenerative heart disease	68	—	—	1	—	—	—	—	—	1	—	1	2	1	3	3	8	48	—
27	Other diseases of heart	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
28	Hypertension with heart disease	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	5	—
29	Hypertension without mention of heart	12	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	9	—
30	Influenza	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
31	Pneumonia	24	2	—	—	—	—	—	—	—	—	—	1	1	1	1	—	3	15	—
32	Bronchitis	3	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	—
33	Ulcer of stomach and duodenum	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—
34	Appendicitis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
35	Intestinal obstruction and hernia	2	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
36	Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—
37	Cirrhosis of liver	6	—	—	—	—	—	—	—	—	—	1	—	1	—	4	—	—	—	—
38	Nephritis and nephrosis	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—
39	Hyperplasia of prostate	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
40	Complications of pregnancy, childbirth and the puerperium	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
41	Congenital malformations	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
42	Birth injuries, postnatal asphyxia and atelectasis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
43	Infections of the newborn	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
44	Other diseases peculiar to early infancy, and immaturity unqualified	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45	Senility without mention of psychosis, ill-defined and unknown causes	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	17	—
46	All other diseases (Residual)	32	—	—	—	—	—	—	—	—	—	1	2	1	2	5	4	4	13	—
47	Motor vehicle accidents	3	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	—	—
48	All other accidents	10	—	—	—	1	1	—	—	—	1	—	—	—	—	1	1	—	5	—
49	Suicide and self-inflicted injury	3	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	—	—
50	Homicide and operations of war	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—

TABLE II.

Deaths (exclusive of foetal deaths) cross-classified by cause and sex : latest available years, 1955 to 1959.

List No. (1)	Abbreviated List of 50 Causes for Tabulation of Mortality (Sixth (1948) Revision of the International Lists of Diseases and Causes of Death). (2)	1955			1956			1957			1958			1959		
		Both sexes (3)	Male (4)	Female (5)	Both sexes (6)	Male (7)	Female (8)	Both sexes (9)	Male (10)	Female (11)	Both sexes (12)	Male (13)	Female (14)	Both sexes (15)	Male (16)	Female (17)
	All causes	720	354	366	740	393	347	754	397	357	772	382	390	731	392	339
1	Tuberculosis of respiratory system	6	4	2	5	3	2	6	6	—	8	5	3	5	3	2
2	Tuberculosis, other forms	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
3	Syphilis and its sequelae	6	1	5	—	—	—	3	2	1	—	—	—	1	1	—
4	Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	Dysentery, all forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	Scarlet fever and streptococcal sore throat	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10	Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12	Acute poliomyelitis	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—
13	Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	Measles	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
15	Typhus and other rickettsial diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16	Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	Other infective and parasitic diseases	3	1	2	—	—	—	1	—	1	3	2	1	—	—	—
18	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	144	64	80	124	75	49	156	91	65	142	64	78	145	81	64
19	Benign and unspecified neoplasms	2	2	—	—	—	—	2	1	1	1	—	1	2	1	1
20	Diabetes mellitus	6	3	3	7	2	5	5	2	3	7	1	6	6	2	4
21	Anaemias	4	1	3	5	2	3	8	2	6	5	2	3	2	1	1
22	Vascular lesions affecting central nervous system	78	29	49	83	32	51	107	49	58	108	35	73	95	37	58
23	Nonmeningococcal meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24	Rheumatic fever	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—
25	Chronic rheumatic heart disease	12	6	6	3	1	2	1	—	1	6	1	5	7	5	2
26	Arteriosclerotic and degenerative heart disease	133	72	61	142	78	64	130	80	50	148	75	73	161	93	68
27	Other diseases of heart	19	11	8	33	17	16	24	16	8	27	18	9	9	7	2
28	Hypertension with heart disease	24	10	14	23	9	14	32	15	17	20	7	13	13	7	6
29	Hypertension without mention of heart	5	4	1	5	4	1	9	4	5	17	11	6	21	9	12
30	Influenza	2	1	1	9	6	3	10	4	6	7	3	4	3	2	1
31	Pneumonia	33	16	17	42	25	17	34	17	17	50	29	21	50	26	24
32	Bronchitis	14	9	5	34	21	13	17	10	7	27	17	10	19	16	3
33	Ulcer of stomach and duodenum	7	7	—	9	7	2	7	4	3	9	6	3	7	5	2
34	Appendicitis	—	—	—	—	—	—	1	—	1	1	1	—	2	1	1
35	Intestinal obstruction and hernia	4	2	2	7	—	7	6	2	4	6	2	4	3	1	2
36	Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn	7	4	3	5	2	3	4	2	2	5	1	4	4	2	2
37	Cirrhosis of liver	5	3	2	10	7	3	6	4	2	7	5	2	7	1	6
38	Nephritis and nephrosis	12	6	6	13	5	8	13	6	7	3	2	1	5	3	2
39	Hyperplasia of prostate	4	4	✡✡✡✡✡	4	4	✡✡✡✡✡	6	6	✡✡✡✡✡	9	9	✡✡✡✡✡	13	13	✡✡✡✡✡
40	Complications of pregnancy, childbirth and the puerperium	1	✡✡✡✡✡	1	1	✡✡✡✡✡	1	2	✡✡✡✡✡	2	2	✡✡✡✡✡	2	1	✡✡✡✡✡	1
41	Congenital malformations	9	3	6	7	2	5	8	5	3	4	2	2	3	2	1
42	Birth injuries, postnatal asphyxia and atelectasis	1	1	—	2	2	—	4	4	—	3	3	—	1	1	—
43	Infections of the newborn	—	—	—	—	—	—	—	—	—	1	1	—	1	1	—
44	Other diseases peculiar to early infancy, and immaturity unqualified	16	6	10	6	5	1	8	4	4	7	3	4	9	4	5
45	Senility without mention of psychosis, ill-defined and unknown causes	57	21	36	64	33	31	50	16	34	38	16	22	35	15	20
46	All other diseases (Residual)	61	33	28	47	25	22	58	23	35	57	24	33	51	19	32
47	Motor vehicle accidents	5	5	—	9	5	4	9	9	—	11	10	1	12	9	3
48	All other accidents	22	15	7	24	11	13	12	6	6	16	13	3	27	17	10
49	Suicide and self-inflicted injury	14	9	5	17	10	7	14	6	8	15	13	2	8	5	3
50	Homicide and operations of war	—	—	—	—	—	—	—	—	—	2	1	1	3	2	1

TABLE III.

Deaths (exclusive of foetal deaths) cross-classified by cause and type of certification : latest available year, 1959.

List No. (1)	Abbreviated List of 50 Causes for Tabulation of Mortality (Sixth (1948) Revision of the International Lists of Diseases and Causes of Death). (2)	Type of Certification			
		Total (3)	Medical (4)	Other (5)	Not Stated (6)
	All causes	731	682	49	—
1	Tuberculosis of respiratory system	5	5	—	—
2	Tuberculosis, other forms	—	—	—	—
3	Syphilis and its sequelae	1	1	—	—
4	Typhoid fever	—	—	—	—
5	Cholera	—	—	—	—
6	Dysentery, all forms	—	—	—	—
7	Scarlet fever and streptococcal sore throat	—	—	—	—
8	Diphtheria	—	—	—	—
9	Whooping cough	—	—	—	—
10	Meningococcal infections	—	—	—	—
11	Plague	—	—	—	—
12	Acute poliomyelitis	—	—	—	—
13	Smallpox	—	—	—	—
14	Measles	—	—	—	—
15	Typhus and other rickettsial diseases	—	—	—	—
16	Malaria	—	—	—	—
17	Other infective and parasitic diseases	—	—	—	—
18	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	145	145	—	—
19	Benign and unspecified neoplasms	2	2	—	—
20	Diabetes mellitus	6	6	—	—
21	Anaemias	2	2	—	—
22	Vascular lesions affecting central nervous system	95	95	—	—
23	Nonmeningococcal meningitis	—	—	—	—
24	Rheumatic fever	—	—	—	—
25	Chronic rheumatic heart disease	7	7	—	—
26	Arteriosclerotic and degenerative heart disease	161	161	—	—
27	Other diseases of heart	9	9	—	—
28	Hypertension with heart disease	13	13	—	—
29	Hypertension without mention of heart	21	21	—	—
30	Influenza	3	3	—	—
31	Pneumonia	50	48	2	—
32	Bronchitis	19	19	—	—
33	Ulcer of stomach and duodenum	7	7	—	—
34	Appendicitis	2	2	—	—
35	Intestinal obstruction and hernia	3	3	—	—
36	Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn	4	4	—	—
37	Cirrhosis of liver	7	7	—	—
38	Nephritis and nephrosis	5	5	—	—
39	Hyperplasia of prostate	13	13	—	—
40	Complications of pregnancy, childbirth and the puerperium	1	1	—	—
41	Congenital malformations	3	3	—	—
42	Birth injuries, postnatal asphyxia and atelectasis	1	1	—	—
43	Infections of the newborn	1	1	—	—
44	Other diseases peculiar to early infancy, and immaturity unqualified	9	9	—	—
45	Senility without mention of psychosis, ill-defined and unknown causes	35	34	1	—
46	All other diseases (Residual)	51	50	1	—
47	Motor vehicle accidents	12	—	12	—
48	All other accidents	27	5	22	—
49	Suicide and self-inflicted injury	8	—	8	—
50	Homicide and operations of war	3	—	3	—

Jersey residents on a visit to England. As yet no system of transfer for these deaths has been found feasible. This state of affairs is not satisfactory and a change in the system of registering local deaths whereby the home address is given as well as the place of death, seems indicated.

INFANT MORTALITY AND STILL-BIRTHS.

During the first year of life, 18 children died, giving an infant mortality rate of 19.0 per 1,000 live births. Last year the rate was 18.0 per 1,000 live births. The deaths during 1959 were distributed as follows :—

Under 7 days	12
7—28 days	1
28 days to 3 months	1
3 months to 1 year...	4

The neo-natal deaths, or deaths within the first four weeks of life number 13 or 72% of the deaths in the first year. This is a neo-natal death rate of 13.7 per 1,000 live births as against 12.7 last year. Of these deaths 9, or 69% were attributed to prematurity.

Recorded still-births numbered 15, a rate of 15.6 per 1,000 live and still-births, compared with 22.8 in 1958 and 13.0 in 1957. These still-births together with deaths during the first week of life give us a perinatal mortality rate of 28.0 per 1,000 live and still-births. Last year the rate was 33.2.

Of the 18 children who died during the first year of life, 1 was illegitimate giving an illegitimate infant mortality rate of 31.2. Last year the rate was 40.8.

MATERNAL MORTALITY.

One death in association with pregnancy occurred in 1959, the cause being eclamptic convulsions due to toxaemia. The maternal death rate was therefore 1.0 per 1,000 live and still-births. In 1958 there were 2 deaths when the rate was 2.1.

MOTOR VEHICLE ACCIDENTS.

Twelve persons—nine males and three females—died as a result of motor vehicle accidents. The average age was 35 for males and 61 for females. The youngest was 18 and three were 65 or over.

ALL OTHER ACCIDENTS.

A total of 27 persons (17 males and 10 females) died from other accidents during the year as against 16 in 1958.

Analysis of accidental deaths (motor vehicle accidents excepted):—

Consequent upon a fall	9
Drowning	6
Air crash	3
Coal gas poisoning	3
Asphyxia following inhalation of vomit... ...	1
Shot while cleaning gun	1
Burns	1
Overdose of drugs	1
Injury to spinal cord while diving	1
Electrocuted	1
	27

The average age was 51, the youngest was 10 and the oldest was 88. 7 or 25.9% of these deaths occurred at ages 75 and upwards.

SUICIDES.

There were 8 deaths from suicide during the year, 5 males and 3 females. Last year there were 15 suicides (13 males and 2 females). Coal gas was used in four cases, two took an overdose of drugs, one took potassium cyanide and one resorted to shooting. The average age was 55. The youngest was 33 and oldest 71.

CANCER.

During 1959, 145 people (81 males and 64 females) died of malignant tumours in Jersey. This gives a rate of 253 per 100,000 as against 249 in 1958 and 274 in 1957. These deaths constituted 19.8% of all deaths. The average age at death from cancer was 69 for males and 66 for females.

Cancer of the lung caused 31 deaths (27 males and 4 females). This number includes a resident who died in England where he was receiving treatment. The average age at death was 63 for males and 67 for females. They constituted 21.4% of all deaths from malignant tumours and 4.2% of the total deaths.

SMOKING.

Cigarettes are cheap in Jersey. They cost about one penny each. In terms of hard cash this is not much but just how much does cheap tobacco cost our Island ? Folk in Jersey are not slow to take advantage of a bargain and tobacco at one penny a smoke finds a ready sale. More cigarette tobacco per head is actually turned into ash and smoke in Jersey than anywhere else in the world.

Let us consider something of the true cost—the yearly toll of human lives and suffering that, in my opinion, is more than Jersey can afford.

Cigarettes when consumed turn into ash and smoke. The housewife and hotel owner may have their own views about the ash but that does not concern us. It is the smoke that maims and kills. Hot—very hot—and laden with tar and nicotine, cigarette smoke is no friend to these bodies of ours. The nicotine as it is absorbed plays its part in upsetting our physiology and may be partly responsible for the high incidence of coronary thrombosis experienced here, but it is the effects of the smoke on our lungs that can most easily be seen and assessed.

The delicate lining of the interior of our lungs was never meant to stand up to the fierce assault of hot, tar laden smoke to which the smoker subjects it many times a day, and it reacts to the hostile stimuli in two ways. In nearly all smokers the lining of the air passages increases in thickness and in activity, so that more and more mucus is poured out as a means of self defence. A smoker's cough soon becomes evident and the initial steps towards a state of chronic bronchitis have been taken. Somewhere along this path there is a point of no return and for far too many, sooner or later the defensive mechanism becomes a permanent feature of their respiratory life. So too does the smoker's cough and the liability to attacks of acute bronchitis. Finally the stage of advanced chronic bronchitis with over stretching of the lung tissue (called emphysema) may be reached and it then dominates the person's life. The unfortunate victim is now often more severely crippled than many of those afflicted by polio or injury and death itself is not very far away.

Not all such cases are due to smoking but many surveys have shown that there is a direct association between the amount smoked and the incidence of chronic bronchitis. In Jersey where there is virtually no atmospheric pollution, our death rate from bronchitis should be very low but instead it is high enough to be comparable with many of the areas in the United Kingdom and far higher than that experienced elsewhere on the Continent.

Another result of the constant irritation by tobacco smoke is the flaring up into activity of a tuberculous focus that should, with reasonable care, have remained dormant to the end of one's days. As Jersey has so many heavy smokers one would expect to find a higher incidence of pulmonary tuberculosis than in other comparable areas and this is so. Tables and figures reproduced at the end of this report contain the results of two surveys. One was a repeat survey of the smoking habits of our general population and the other a survey of the smoking habits of 310 new cases of pulmonary tuberculosis arising in Jersey during the past few years. A study of both sets of figures shows that the incidence of pulmonary tuberculosis is greater in the smoker than in the non smoker and proportionately greater in the heavy smoker than in the light or moderate smoker. The figures are small and subject to chance variation, especially in certain age groups in the women, but if a critical analysis is confined to those age groups where the percentage of those smoking is highest, even amongst the women the pattern is plain. The very heavy smoker experiences an incidence of pulmonary tuberculosis that is 4—5 times as great as in the case of the non smoker, and the heavy smoker produces an incidence 2—3 times as great. As 36% of our adult males and 11% of adult females are either heavy or very heavy smokers of cigarettes it is not surprising that our overall incidence of pulmonary tuberculosis is 60% greater than that on the Mainland and 100% greater than that in the Isle of Wight.

The second way in which the lining of the air passages of our lungs reacts to the harmful effects of tobacco smoke is by undergoing a malignant change and producing what will eventually become a lung cancer. This malignant change is due to the presence of certain agents in the tar produced by burning cigarette tobacco. The more of a cigarette that is smoked the more the tar that is inhaled. Those who smoke three quarters of their cigarette probably inhale two to three times as much tar as those who only smoke half their cigarette. It has long been known that tobacco tar is the cause of nearly all cases of lung cancer. It takes a long time to set a cancer growing, probably at least twenty years, but we have had deaths in Jersey from primary lung cancer in people who have not yet reached their fortieth birthday. As Jersey has so many heavy smokers who smoke on an average three quarters of the length of their cigarette one would expect that our death rate from primary lung cancer would be very high and this is the case. During the past three years deaths from primary lung cancer have averaged 31, giving an overall death rate for males of 935 per million living and an overall death rate for females of 167 per million living. These figures exceed the 1958 figures of England and Wales by 22% in men and by 40% in the women. Lung cancer is not notifiable and information regarding the smoking habits of such cases is far from complete. From the information that is available it can be said that over 80% of the cases come from that minority of our population which smokes twenty or more cigarettes per day and the remainder come from the more moderate smokers. None come from the non smokers. Here again it is the very heavy smokers who provide the greatest incidence of the disease. 50% of the male cases come from the 6% of men who smoke 40 or more cigarettes per day, and 35% of cases come from the 30% who smoke 20—39 cigarettes per day ; only 15% come from those who smoke less than twenty per day.

SUMMARY AND CONCLUSION.

Jersey smokes more cigarette tobacco per head than any other part of the World, and this is achieved, not by our having more smokers than elsewhere, but, by having a greater percentage of heavier smokers than elsewhere. Over one third of our males and one ninth of our females smoke anything from 20—80 cigarettes per day. This excessive smoking is largely due to the cheap cost of tobacco but it should now have been realised that apart from the money paid over the counter there is a much greater price to be paid in another currency. Smoking is costing Jersey over thirty lives a year from lung cancer and probably twenty avoidable cases of pulmonary tuberculosis a year. In addition there is a steady mortality in chronic bronchitis that can only be explained by our high level of cigarette consumption. The true cost of cheap tobacco to Jersey is in my opinion more than the Island can afford. I believe it is essential that the will of those who wish to give up cigarette smoking should be reinforced by a very substantial increase in the cost of tobacco. Increased propaganda and education to bring the facts before young and old will continue but I believe that making the tobacco harder to come by by increasing its cost will be the quickest and surest method of reducing the number of heavy and very heavy smokers.

TABLE 1.

YEARLY CONSUMPTION OF TOBACCO IN JERSEY.

Year	Adult (15+) Population	Total quantity in circulation	Local consumption = 7/12 of total	Amount per head	Packeted cigarettes per head (from survey)
1935	38,540	429,638 lbs.	250,600 lbs.	6.37 lbs.	Not known.
1958	45,800	691,663 lbs.	403,000 lbs.	8.81 lbs.	8.04 lbs.
1959	45,800	714,962 lbs.	417,000 lbs.	9.10 lbs.	8.15 lbs.

TABLE 2.

CONSUMPTION IN JERSEY COMPARED WITH OTHER COUNTRIES.

COUNTRY	YEAR	CONSUMPTION PER ADULT PER ANNUM.				
		A All tobacco goods (lbs.)	B Packeted cigarettes (Number)	C % length of cigarette smoked	True consumption of packeted cigarettes (Column B x Column C)	Consumption per head in 1935 (lbs.)
France ...	1958	4.9	1,330	Not known	Not known	3.6
Ireland ...	1958	6.3	2,380	Not known	Not known	4.5
Netherlands.	1957	8.2	1,750	72%	1,260	8.4
United Kingdom	1958	6.6	2,630	73%	1,920	4.8
U.S.A. ...	1957	10.2	3,440	56%	1,926	7.8
White South Africa ...	1957	10.0	3,720	64%	2,381	8.5
Jersey ...	1959	9.1	3,650	74%	2,701	6.4

TABLE 3.

Percentages of all adults smoking different amounts of cigarettes in Jersey and in the United Kingdom.

Country	Non-cigarette smokers		Cigarettes smoked per day					
			1—14		15—24		25+	
	Male	Female	Male	Female	Male	Female	Male	Female
Jersey	40	59.5	14.9	21.2	27.1	15.9	18	3.4
U.K.	42	60.5	26.9	29.9	20.8	7.8	10.3	1.8

TABLE 4.

Distribution of 310 cases of pulmonary tuberculosis in respect of their age, sex and smoking habits at the time of diagnosis.

MALES.

Age Group	Total in Survey	Non Smokers	Pipe and Hand rolled cigarettes	Packeted cigarettes				
				1—9	10—19	20—29	30—39	40+
15—19 yrs.	7	5	—	—	1	1	—	—
20—29 yrs.	56	14	—	4	14	18	3	3
30—39 yrs.	45	5	—	6	4	17	6	7
40—49 yrs.	31	4	1	1	—	17	3	5
50—59 yrs.	31	3	2	—	2	8	7	9
60 + yrs.	18	2	4	1	2	5	1	3
TOTALS ...	188	33	7	12	23	66	20	27

FEMALES.

Age Group	Total in Survey	Non Smokers	Pipe and Hand rolled cigarettes	Packeted cigarettes				
				1—9	10—19	20—29	30—39	40+
15—19 yrs.	6	4	—	1	—	1	—	—
20—29 yrs.	46	28	—	7	6	4	—	1
30—39 yrs.	34	13	—	6	6	5	3	1
40—49 yrs.	16	4	—	1	7	2	1	1
50—59 yrs.	16	10	—	3	—	1	—	2
60 + yrs.	4	3	—	—	—	—	1	—
TOTALS ...	122	62	—	18	19	13	5	5

TABLE 5.

Pattern of smoking habits in cases of pulmonary tuberculosis compared with the smoking habits of the general population.

MALES (20 years and over)

	Non smokers	Cigarettes smoked daily		
		1—19	20—39	40+
Pulmonary T.B. Sample=181 cases.	28=15.5%	41=22.6%	85=47%	27=14.9%
General population. Sample=2815.	29.6%	31.7%	32%	6.7%
% cases per 1% of general population.	0.52	0.71	1.47	2.22
Actual incidence of cases per 100,000 applied to average figure for 1957—59=29.7 cases.	80	108	224	331
Incidence ratio with non smokers at unity.	1	1.35	2.8	4.1

FEMALES (30—49 years)

	Non smokers	Cigarettes smoked daily		
		1—19	20—39	40+
Pulmonary T.B. Sample=50 cases	17=34%	20=40%	11=22%	2=4%
General population. Sample=1348.	51.8%	31.4%	15.8%	1%
% cases per 1% of general population.	0.66	1.27	1.39	4
Actual incidence of cases per 100,000 applied to average figure for 1957—59=12.3 cases.	96	184	202	576
Incidence ratio with non smokers at unity.	1	1.9	2.1	6

TABLE 6.

Survey of smoking habits of the general population in 1959—giving distribution by age, sex and amounts smoked.

Age Group		Number asked.	Non smokers Total	%	Pipe and hand rolled cigarettes						Packeted cigarettes									
					2-oz.		4-oz.		6-oz. +		0—9		10—19		20—29		30—39		40 +	
					T.	%	T.	%	T.	%	Total	%	Total	%	Total	%	Total	%	Total	%
15—19	M	301	168	55.81	1	0.33	—	—	—	—	48	15.94	54	17.94	29	9.63	—	—	—	0.33
	F	406	317	78.08	—	—	—	—	—	—	42	10.34	41	10.10	5	1.23	1	0.25	—	—
20—29	M	715	291	40.70	13	1.82	6	0.84	6	0.84	48	6.71	121	16.92	170	23.78	30	4.20	30	4.20
	F	913	577	6.24	—	—	—	—	—	—	94	10.30	171	18.73	64	7.01	6	0.66	1	0.11
30—39	M	745	210	28.19	23	3.09	22	2.95	9	1.21	37	4.97	137	18.39	202	27.11	58	7.79	47	6.31
	F	781	404	52.40	—	—	—	—	—	—	82	10.64	154	19.97	116	15.05	19	2.46	6	0.78
40—49	M	602	155	25.75	16	2.66	29	4.82	13	2.16	29	4.82	93	15.45	160	26.58	50	8.31	57	9.47
	F	567	294	51.85	—	—	—	—	—	—	61	10.76	126	22.22	71	12.52	7	1.23	8	1.41
50—59	M	600	145	24.17	21	3.5	26	4.33	17	2.83	41	6.83	98	16.33	165	27.50	40	6.67	47	7.83
	F	517	283	54.74	—	—	—	—	—	—	53	10.25	119	23.02	50	9.67	6	1.16	6	1.16
60 +	M	153	34	22.22	21	13.73	10	6.54	6	3.92	16	10.46	32	20.92	24	15.69	2	1.31	8	5.23
	F	115	82	71.30	—	—	—	—	—	—	12	10.43	12	10.43	7	6.09	2	1.74	—	—
TOTAL	M	3,116	1,003	32.19	95	3.05	93	2.98	51	1.64	219	7.03	535	17.17	750	24.07	180	5.78	190	6.10
	F	3,299	1,957	59.50	—	—	—	—	—	—	344	10.46	623	18.94	313	9.21	41	1.25	21	0.64

Pipe and hand rolled = ozs. smoked per week.
Cigarettes = amount smoked per day.

TUBERCULOSIS IN JERSEY

1910—1959.

Tuberculosis has long been one of the great scourges of mankind and Jersey in this respect has suffered as much as anywhere else in the British Isles. During the past 50 years tuberculosis in its various forms has killed 2,390 persons in Jersey, 2,016 of these deaths being due to tuberculosis of the lung. The following graph shows how the annual mortality per 100,000 of the population has fared during these 50 years :

In this graph the mortality figures have been plotted for five year periods and for purposes of comparison the figures for England and Wales have also been plotted for 10 year periods. It will be seen that there has been a steady fall thorughout the period with two exceptions. In the First World War there was a 20% rise in mortality, compared with the preceding years, and in the Second World War, which included the Occupation, there was a 70% rise in mortality compared with the preceding years. Apart from these two exceptions the yearly mortality figure has fallen from an average during the first decade, 1910—1919, of 160 per 100,000 to an average during the last decade, 1950—1959, of 20 per 100,000. During the last 5 years, 1955—1959, the yearly average mortality has been only 11 per 100,000.

During the past 50 years Jersey has experienced a mortality from tuberculosis substantially in excess of that experienced in England and Wales as can be seen in the following table where the mortality rates have been compared during the 5 decades under review. It will be seen that the excess mortality is due almost entirely to an excess of pulmonary cases :

FIGURE 1.

MORTALITY RATES FROM TUBERCULOSIS PER 100,000 POPULATION OVER PAST 50 YEARS IN JERSEY AND IN ENGLAND & WALES.

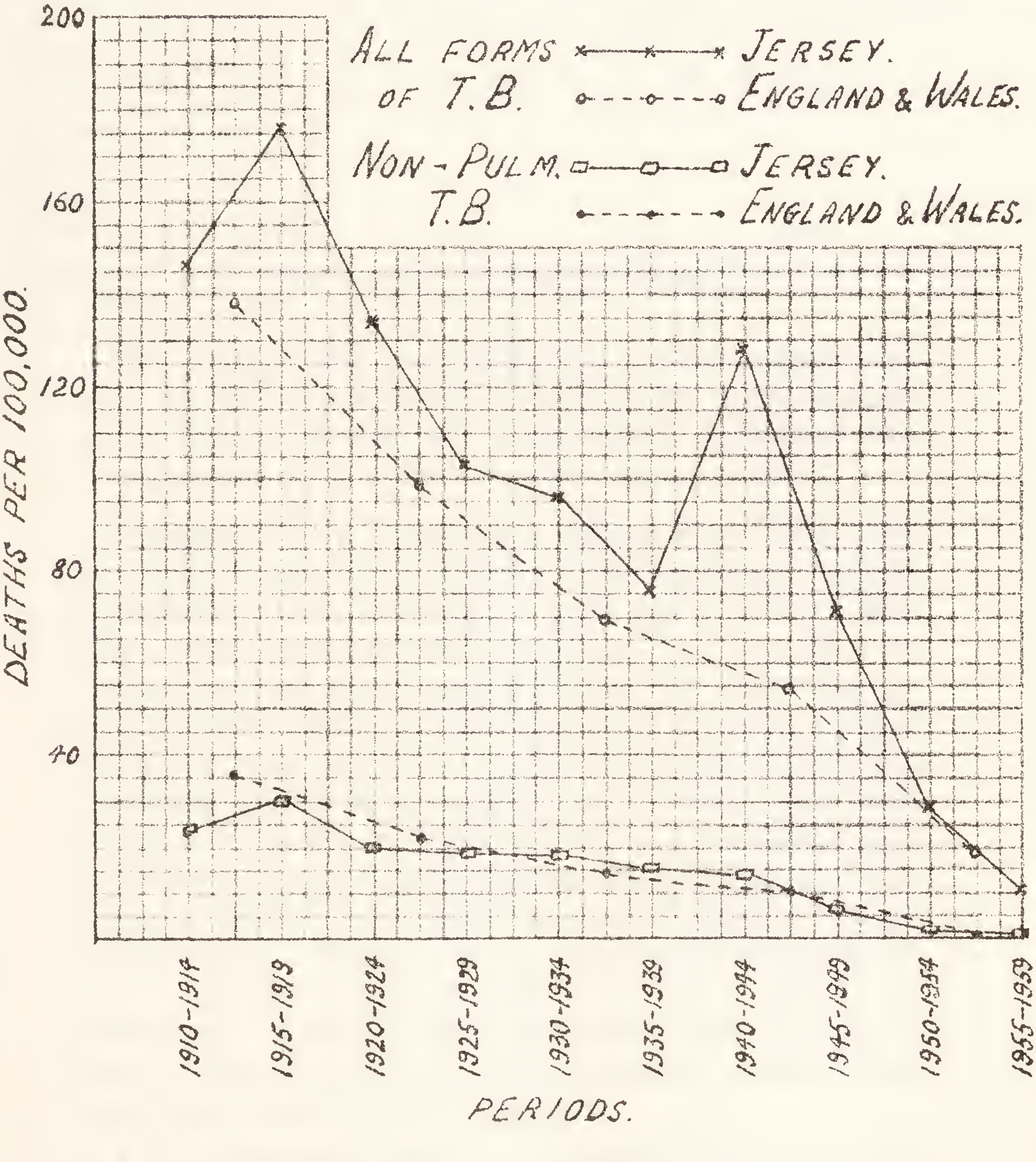


TABLE I

Average annual mortality per 100,000 of the population.

	1910—1919			1920—1929			1930—1939			1940—1949			1950—1959		
	P	NP	T	P	NP	T	P	NP	T	P	NP	T	P	NP	T
Jersey ...	133	27	160	99	20	119	69	17	86	89	11	100	18.7	1.4	20
England & Wales ...	100	37	137	77	22	99	55	15	70	44	10	54	17	2	19
Percentage excess, Jersey over England & Wales ...			+17			+20			+23			+85			+5

P=Pulmonary TB NP=Non-Pulmonary TB T=Total.

The excess total mortality in the first decade was 17%, in the second decade 20%, in the third decade 23%, in the fourth decade (which included the Occupation) 85% and in the last decade only 5%.

Though accurate mortality figures have been kept for many years in Jersey, unfortunately, figures giving the actual incidence of new cases year by year have only been recorded during the past decade. It can, however, be assumed that the annual incidence of new cases has been at least twice the annual mortality and during the past decade when the mortality has fallen so rapidly the incidence has been nearly 6 times the mortality figure. This means that in addition to the 2,390 deaths recorded there have been at least 3,000 other cases of illness due to tuberculosis. Many of these have been seriously ill and required many months, or even years, of treatment. Though some have recovered so as to lead a normal existence, others remain crippled and sometimes severely handicapped.

The important figure to be considered now is not the annual mortality so much as the annual incidence and the following table shows the incidence in Jersey during the past 10 years, of new cases of pulmonary tuberculosis :

TABLE II

Year	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Actual cases ...	90	81	83	65	51	50	61	48	66	46
Rate per 100,000 ...	158	142	146	114	89	88	107	84	116	81

The average annual figure during those 10 years has been 112 per 100,000 but it has fallen from 140 per 100,000 during the first four years to 96 per 100,000 during the last 3 years This fall in incidence has not occurred evenly throughout the population but has been very largely concentrated in those under the age of 20 where 80% of our population is protected with B.C.G. In the following table and figure the incidence in three different age groups, 0—19, 20—39 and 40 and over, has been recorded and compared with the incidence obtaining in the same age groups in England and Wales. Because figures in a small population can show large variations due to chance from year to year, the decade under review has been divided into 3 periods : 1950—1953, 1954—1956 and 1957—1959. The figures given are an average annual incidence for those particular periods. The figures for England and Wales have been taken for the years 1952, 1955 and 1958 and are directly comparable.

TABLE III

Average annual incidence of new cases of pulmonary tuberculosis for 3 periods, per 100,000 of the population.

	0—19 yrs.			20—39 yrs			40 yrs +		
	M	F	T	M	F	T	M	F	T
Jersey, 1950—1953 ...	126	128	127	528	182	219	133	62	94
England & Wales, 1952	76	89	82	135	145	140	122	34	73
Jersey, 1954—1956 ...	47	49	48	178	149	163	119	43	77
England & Wales, 1955	54	64	58	110	111	110	107	28	64
Jersey, 1957—1959 ...	17	18	17½	161	145	153	145	62	99
England & Wales, 1958	32	38	35	88	78	83	98	26	59
Percentage change between first and last periods: Jersey			—86			—30			+5
Percentage change between first and last periods: England & Wales			—56			—59			—19

M=Male F=Female T=Total

It will be seen that in Jersey our annual incidence has fallen in those under 20, from 127 per 100,000 to just over 17 per 100,000, a drop of 86%. During the same period in England and Wales the comparable figure has fallen from 82 per 100,000 to 35 per 100,000, a fall of only 56%. Thus our incidence in this group from being well above the English figure is now only half. The credit for this is due almost entirely to our use of B.C.G. for all the population eligible. It is worth noting that such cases as do occur in those under the age of 20 arise almost entirely from that 20% of the age group still unprotected by B.C.G.

In the next two age groups it is a different story. Here we are dealing with a population already heavily infected with the germ of tuberculosis by the time B.C.G. became available at the end of 1949. They have not had the benefit of protection by this vaccine and the incidence of new cases year by year has remained well above the English figure. It is disturbing to note that the fall in incidence taking place in England in these two age groups has not been matched by a comparable fall in Jersey. In those aged 20—39 the fall during the past 10 years has only been 30%, from 219 per 100,000 to 153 per 100,000. In England and Wales the fall has been 59% from 140 per 100,000 to 83 per 100,000.

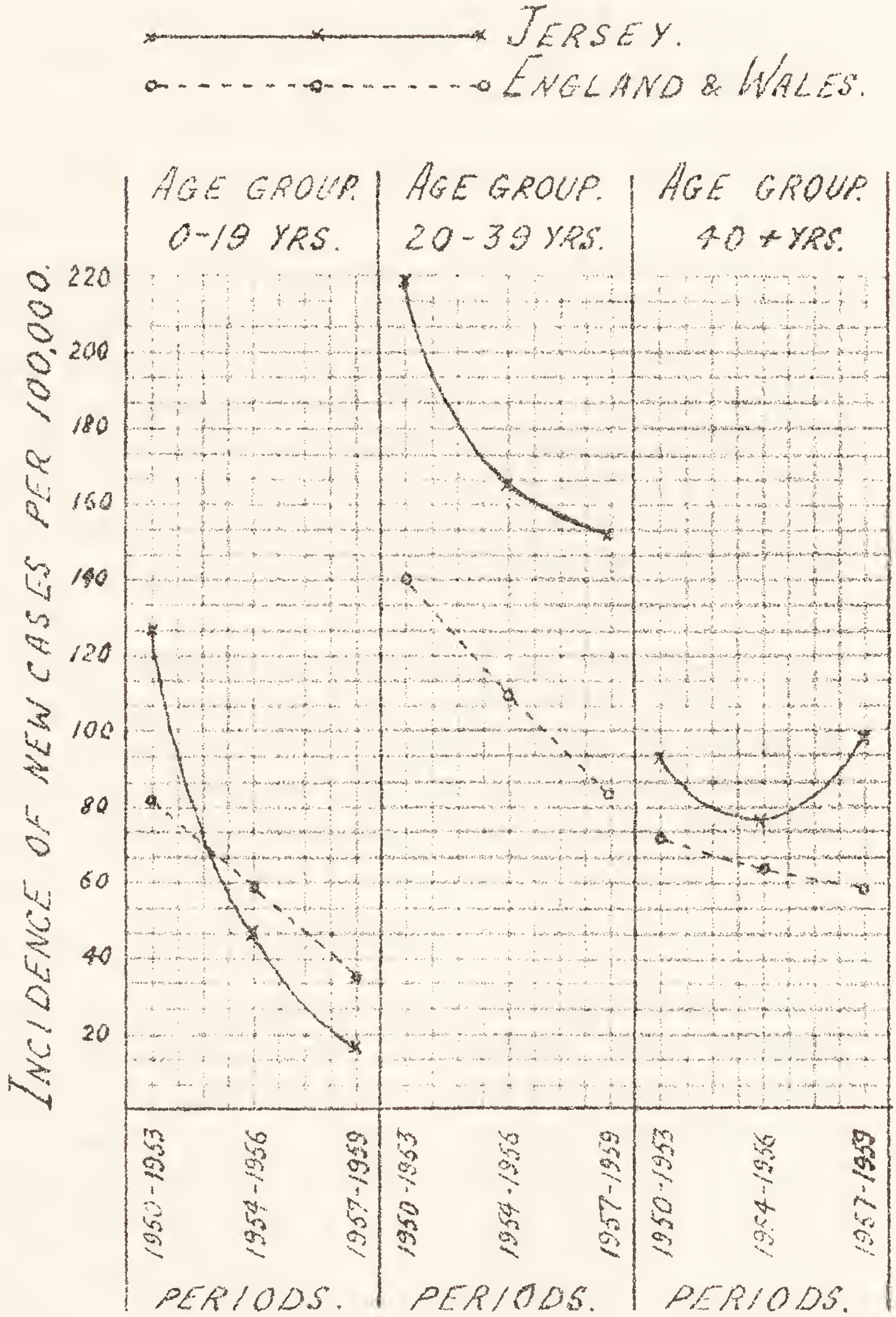
In the over 40's, the position is even more disturbing in that our incidence has risen slightly during the period by 5% from 94 per 100,000 to 99 per 100,000. During this time the English figure has fallen by 19% from 73 per 100,000 to 59 per 100,000.

Jersey has always in the past experienced a greater incidence of tuberculosis than in England and Wales but the gap is now widening. 50 years ago we had 20% more cases per annum in Jersey than they had in England and Wales, today, although the average incidence has fallen in both countries, our figure is now 60% above that in England and Wales. This excess is very largely due to the incidence in those over 20; the figures being 84% above the English figure in those aged 20—39 and 68% above the English figure in those aged 40 and over.

It may be that this excess of new cases in the older age groups is due to a higher infection rate in the past especially when we consider that during the Occupation years Jersey experienced a 70% rise in mortality whereas in England and Wales the figure remained steady and even began to fall. On the other hand, it may be that in this island paradise there is a serpent at work in our environment causing a greater breakdown rate in the older age groups. Jersey with its high sunshine figures and its very low level of atmospheric pollution should enjoy better figures than those obtaining in England and Wales and not,

FIGURE 2.

INCIDENCE OF NEW CASES OF PULMONARY TUBERCULOSIS DURING 1950 – 1959 IN JERSEY AND IN ENGLAND & WALES.



as is the case, the reverse, but there is one factor in the Jersey environment in which we differ from England and Wales. The majority of our new cases of pulmonary tuberculosis in the older age groups come from those who smoke 20 and more cigarettes per day and it is worthy of notice that not only does Jersey smoke many more cigarettes per head than do those on the other side of the Channel but the percentage of those smoking 20 and more per day is nearly twice as great in Jersey as in the United Kingdom.

In considering the suggestion that tobacco smoking, and especially cigarette smoking, plays its part in making Jersey's experience of tuberculosis higher than that in England and Wales, one should bear in mind the fact that our greater incidence of disease is entirely due to an excess of pulmonary cases. As far as non-pulmonary tuberculosis is concerned, Jersey's experience is almost identical to that on the mainland.

A higher infection rate during the war years with its resulting reservoir of undetected cases may account for some of our present higher incidence in the older age groups, but the adverse influence of excessive cigarette smoking is probably as important a factor.

SUMMARY AND CONCLUSIONS.

Thus, over the past 50 years, deaths from all forms of tuberculosis in Jersey have fallen from a yearly average of 64 during 1910—1914 to a yearly average of 6.4 during 1955—1959. As the population has increased during the years, the relative improvement is even greater, from a rate of 146 per 100,000 to a rate of 11 per 100,000 ; a true reduction in mortality of 92%. This fall in mortality has been largely due in the past years to improvements both in living conditions and methods of care, but it has been greatly accelerated in the past decade by the advent of effective chemotherapy in 1949. It is a not inconsiderable comfort to know that if one does go down with tuberculosis that our chances of survival and recovery are very much greater today than they were even only 10 years ago.

Though mortality has fallen by over 90%, the incidence of new cases year by year has only fallen by 58%. Over 50 new cases arise yearly and it is still a great shock to many to be told that they are suffering from pulmonary tuberculosis and not without reason. At best a new case of tuberculosis will have to face the daily ritual of chemotherapy for at least 12—24 months and some restrictions on work and play; some will have to submit to several months in a sanatorium and a total period off work of 6—8 months; a few will face many months in hospital followed by major surgery and the possibility of never being fit again for their old job; a small minority will fight a losing battle which sooner or later will end in death.

Tuberculosis is still very much a disease to be avoided and here indeed prevention is better than cure. Our present average of 53 new cases of pulmonary tuberculosis per year gives us a rate of 96 per 100,000 of our population. In 1958 the figure in England and Wales was only 58.5 per 100,000 and in the Isle of Wight only 46 per 100,000.

What can be done to remedy the present state of affairs?

1. We already have a most effective vaccine against tuberculosis in the form of B.C.G. Used, up to the hilt, since the end of 1949, this vaccine has virtually eliminated tuberculosis in the 80% vaccinated under the age of 20. The 20% of this age group that chose to remain unprotected by the

vaccine still produces its steady quota of disease. Increased propaganda is needed so that B.C.G. may protect all who are eligible and not only 80%. This can probably be achieved without resort to compulsion.

2. Adequate treatment for all who need it is essential. This already exists and it is accepted by virtually all. Its continuance and further improvement can be assumed. Powers for compulsory treatment are already in existence but are very rarely needed.

3. The third essential is that of case finding by means of chest X-ray. Here is the weakest arm of our battle array. Only ⅓ of our present adult population troubles to take advantage of the very excellent facilities offered by the Miniature Radiography Department operating at No. 100, Halkett Place.

Over the past five years we have X-rayed probably half of the 20,000 adults aged 15—39, but only one fifth of the 25,000 who are 40 years and over. We know from past experience that the incidence of unknown disease in the population being X-rayed for the first time, is between 2 and 3 per thousand for those aged 15—39 and between 5 and 6 per thousand for those aged 40 and over. Thus, there are somewhere between 120 and 140 untreated cases of pulmonary tuberculosis at large in our Island. At least half of these cases will have a positive sputum, *i.e.*, they are spreading the germ to others in their vicinity every day.

An annual chest X-ray for all adults is essential but even the most high powered publicity compaign will fail to bring in all those who should be X-rayed. A stubborn minority of up to 20% will hold out against every appeal and inducement. Often their reason for saying " No " is that they suspect they have got tuberculosis and don't want to know it. This hard core of non-co-operators will contain a high proportion of the unknown infectious cases. Their presence in the community, unknown and untreated, will ensure a steady flow of new cases for many years to come. There is only one way to deal with this problem. In Australia an annual chest X-ray is compulsory for all the adult population. It is also obligatory for many groups in the British Isles. Tuberculosis is still a major health problem in our Island. It has been with us for so long that its presence no longer disturbs us. Should a new disease causing 50 cases of illness a year, causing much suffering, permanent disability and even death, and costing the Island at least £30,000—£50,000 a year for treatment alone, suddenly arise, there would be a public outcry. A compulsory yearly chest X-ray for all over the age of 15 years is the only way to ensure the final end of this disease. It is the case of pulmonary tuberculosis that spreads the disease in the community and so ensures its continuance. It is this very type of case which can be detected by a chest X-ray, and I would ask that serious consideration be given to the recommendation that an annual chest X-ray be made compulsory for all over the age of 15 in Jersey.

MINIATURE RADIOGRAPHY DEPARTMENT

During 1959, 11,642 individuals passed through this Department in the building known as 100, Halkett Place. Some of them came on more than one occasion so that altogether a total of 12,118 chest films were taken, processed and in due course reported on.

555 individuals (4.5% of the total) were recalled for large films of which 287 were found to be satisfactory. Of the 268 patients whose X-rays showed some abnormality, 22 were found to be suffering from active pulmonary tuberculosis and a further 61 had evidence of old disease requiring observation. A further 14 were suffering from lung cancer. Amongst the remainder were 40 cases of heart disease.

The following table shows the numbers X-rayed year by year, together with the number of cases of tuberculosis both active and apparently inactive, and cases of lung cancer, that were discovered.

Year	1954	1955	1956	1957	1958	1959
Number X-rayed ...	3519	6754	10624	10752	11349	12118
Cases of Active T.B.	9	17	41	38	50	22
Cases of ' old ' T.B. put under observation	42	52	114	134	105	61
Cases of lung cancer	—	1	9	13	8	14

The numbers being X-rayed each year show a steady increase, the biggest increase being recorded in the category labelled ' self applicants ' where the numbers have gone up from 3,430 in 1955, the first full year of working, to 6,967 in 1959. The actual yield of disease fluctuates from year to year and the lowest figure since 1955 has been recorded in 1959. During the past year even the doctors' cases, a category that usually yields from 12 to 14 cases of disease per 1,000 X-rayed, produced only 5.6 cases per 1,000. This drop in new cases discovered in proportion to those X-rayed could be largely due to chance and the report for 1960 will probably record an upward swing again.

Thus in the first six years of its existence in Jersey the Miniature Radiography Department has brought to light 45 cases of lung cancer and 685 cases of pulmonary tuberculosis of which 177 were in need of immediate active treatment. These cases of serious lung diseases brought to light during the past six years underline the desirability of extending the benefit of an annual chest X-ray to all the adult population (all over 15). During four of the six years under review cases of self applicants being X-rayed for the first time have been kept separate from those being X-rayed on second or subsequent occasions. The yield of active disease from first-timers is 3.5 per 1,000 whilst the yield from those being X-rayed annually drops to 1 per 1,000. This means that if we were to X-ray the whole adult population of Jersey, hitherto not X-rayed (about 35,000 people) we would discover approximately 120—130 cases of active pulmonary tuberculosis. If these whole population X-rays were to be continued annually we could expect a further annual yield of approximately 40—50 cases per year.

The figures just given apply to tuberculosis only and it is worth remembering that in addition there would be discovered annually 30—40 cases of lung cancer. The advantage to the individual of early discovery of disease is immense and in the case of tuberculosis the advantage of early discovery applies not only to the individual but to all those people being infected around about him. Tuberculosis will never really be got under control in Jersey until an

MASS MINIATURE RADIOGRAPHY. Year ending December, 1959.

D.N.A. Lg. films. 2 new M. S.A. 1 rep. F. S.A. 2 M. Dr. 3 F. Dr. 1 F. C. 2 F. A.		Min. X-rays.		Passed on Min. film		Recalled for large film.		Passed on large film.		Treatment Cases.		Cases for observation.		Other significant abnormalities. Cancer		Other significant abnormalities. Heart		Other significant abnormalities. Other lung diseases.	
		TOTALS. Totals to date.	Repeats. Totals to date.	Totals to date.	% of total X-rays to date.	Totals to date.	% of total X-rays to date.	Totals to date.	% of total X-rays to date.	Totals to date.	% of total X-rays to date.	Totals to date.	% of total X-rays to date.	Totals to date.	% of total X-rays to date.	Totals to date.	% of total X-rays to date.	Totals to date.	% of total X-rays to date.
Self Applicants (New)	M	735	—	693	94.29	42	5.71	18	2.45	3	0.41	6	0.82	—	—	1	0.14	13	1.77
	F	633	—	601	94.94	32	5.06	21	3.32	—	—	6	0.95	—	—	2	0.32	3	0.47
Self Applicants (Repeat)	M	2812	2812	2736	97.30	76	2.70	54	1.92	1	0.04	8	0.28	3	0.11	3	0.11	7	0.25
	F	2787	2787	2711	97.27	76	2.73	52	1.87	1	0.04	4	0.14	1	0.04	11	0.39	6	0.22
Doctors' Cases	M	772	232	647	83.81	125	16.19	34	4.40	8	1.04	7	0.91	7	0.91	10	1.30	57	7.38
	F	843	226	764	90.63	79	9.37	34	4.03	1	0.11	11	1.30	2	0.24	10	1.19	18	2.14
Contacts	M	177	122	166	93.79	11	6.21	7	3.95	2	1.13	1	0.56	—	—	—	—	1	0.56
	F	209	128	202	96.65	7	3.35	1	0.48	2	0.96	—	—	—	—	—	—	3	1.44
Tuberculin Positives	M	52	50	52	100	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	80	75	77	96.25	3	3.75	3	3.75	—	—	—	—	—	—	—	—	—	—
Aliens	M	1477	833	1428	96.68	49	3.32	25	1.69	2	0.14	12	0.81	—	—	2	0.14	8	0.54
	F	756	386	730	96.56	26	3.44	19	2.51	1	0.13	1	0.13	—	—	—	—	3	0.40
Hospital Staff	M	142	102	135	95.07	7	4.93	4	2.82	—	—	1	0.70	—	—	1	0.70	1	0.70
	F	643	458	621	96.58	22	3.42	15	2.33	1	0.16	4	0.62	1	0.16	—	—	1	0.16
TOTALS	M	6167	4151	5857	94.97	310	5.03	142	2.30	16	0.26	35	0.57	10	0.16	17	0.28	87	1.41
	F	5951	4060	5706	95.88	245	4.12	145	2.44	6	0.10	26	0.44	4	0.07	23	0.39	34	0.57

11,624 individuals were X-rayed. 494 of these were X-rayed more than once during the year, making a total of 12,118 films.

annual Chest X-ray for every adult is compulsory. The machinery to do this job is already in existence and working well. Some expansion would of course be needed but it is probable that an annual expenditure of £4,000—£5,000 is all that would be needed to provide a complete annual survey of our adult population.

ANTI-POLIOMYELITIS VACCINATION.

The administration of anti-poliomyelitis vaccine to eligible applicants continued during 1959 and the extra work involved has added a very heavy burden to a staff already fully occupied.

By the end of the year, 7,585 persons had received two injections and a further 3,364 had received three injections of the vaccine. 75% of those under 15 years of age had received two or three injections and a further 4% had received or were about to receive their first injections.

The report for 1960 will show that many more have been done since December 31st 1959.

B.C.G.

During 1959, 973 individuals, including 9 over the age of 15, received B.C.G. No less than 860 of these cases were children under the age of 12 months of whom 827 were born during the year.

B.C.G. vaccine still protects against tuberculosis and no cases of clinical disease were notified during the year either from the 80% of the population under 20 or from the 50% of those aged 20—25 who have received the vaccine in the past. There was one case under 20 and five cases from those aged 20—25 years from amongst the unvaccinated.

Age Groups	Population	Number protected by B.C.G.	Percentage protected by B.C.G.	
Under 1 ...	932	827	88	83%
1 — 2 ...	924	833	90	
2 — 3 ...	812	736	91	
3 — 4 ...	802	698	86	
4 — 5 ...	709	648	91	
5 — 6 ...	817	681	83	
6 — 7 ...	752	597	79	
7 — 8 ...	828	610	74	
8 — 9 ...	733	666	91	
9 — 10 ...	709	415	59	
10 — 11 ...	791	521	66	80%
11 — 12 ...	791	668	84	
12 — 13 ...	822	736	90	
13 — 14 ...	969	666	69	
14 — 15 ...	719	577	80	
15 — 16 ...	662	577	87	
16 — 17 ...	568	469	83	
17 — 18 ...	570	479	84	
18 — 19 ...	643	520	81	
19 — 20 ...	693	523	75	

Age Groups		Population	Number protected by B.C.G.	Percentage protected by B.C.G.	
20 — 21	...	693	511	74	38%
21 — 22	...	658	492	75	
22 — 23	...	721	476	66	
23 — 24	...	766	338	44	
24 — 25	...	738	169	23	
25 — 26	...	721	103	14	
26 — 27	...	669	78	12	
27 — 28	...	607	38	63	
28 — 29	...	596	36	6	
29 — 30	...	649	34	5	

OVERDALE HOSPITAL AND CHEST CLINIC

Overdale's character as a hospital is gradually changing. As the demand for beds for tuberculosis and other infectious diseases decreases, so other uses are being found for these beds. Two wards that were once filled with patients suffering from diphtheria and scarlet fever and were later devoted to the nursing of patients suffering from tuberculosis, are today put aside for the care of geriatric cases and of semi-convalescent cases from the female surgical ward of the General Hospital. Quite a few beds in the cubicle block are under the care of Dr. Gruchy and are used for the investigation of all types of chest disease including cases of lung cancer.

The introduction of effective drug treatment has reduced the demand for tuberculosis beds in two ways. Firstly, many patients with early disease and who are not infectious, are not put to bed at all and their treatment is given whilst they remain at work. Secondly, patients who have been in-patients continue with their drug treatment for many months after their discharge from hospital and as a result relapses and a return to bed are now much less common than formerly. This has added to the time required in the out-patients Chest Clinic from where the supervision of over 120 patients on chemotherapy is controlled.

Altogether there were 183 admissions to the wards during the year, 42 of these being transfers from the female surgical ward of the General Hospital. Deaths totalled 6, 4 of these being due to lung cancer and only one to pulmonary tuberculosis.

Visits to the Chest Clinic totalled 1,792 during the year and these included 311 new patients. Thus almost 1,800 visits were paid to this isolated diagnostic centre during the year and this number is likely to increase. The long walk up a steep hill is not helpful to the patient with defective lung power and the wettings some times received on route do nothing to improve their health.

It is very desirable that this clinic should be found a new home somewhere on the level and near the town centre.

OUTPATIENTS ATTENDANCE—1959.

Old Patients	1,481	
New Patients	311	
Medical inspections	48	(non chest)

OVERDALE STATISTICS.

	Patients in Hospital 1.1.59.	Admissions during 1959	Deaths during 1959	Discharges during 1959	Patients in Hospital 31.12.59.
Tuberculosis					
Pulmonary Tuberculosis	35	55	1	73	16
Other Tuberculosis cases	—	2	—	2	—
Other Chest Diseases					
Bronchoscopy	1	26	—	24	1
Pneumonia	—	5	1	4	—
Lung Abcess	—	2	—	2	—
Spontaneous Pneumo-thorax	—	1	—	1	—
Pleural Effusion	—	5	—	4	—
Empyema	—	1	—	1	—
Pneumonitis	—	1	—	1	—
Traumatic Hæmothorax	—	1	—	1	—
Carcinoma of Lung	—	11	4	7	3
Infectious Diseases					
Gastro-enteritis	1	—	—	1	—
Scarlet Fever	—	3	—	3	—
Chicken Pox	—	3	—	3	—
Measles	—	7	—	7	—
Hæmolytic Streptococcal infection	—	1	—	1	—
Para-Typhoid B.	—	1	—	1	—
Salmonella infection	1	4	—	5	—
Tonsillitis	—	2	—	2	—
(Staff) Boil on leg	—	1	—	1	—
Pylitis	—	1	—	1	—
Acute Abdomen	—	1	—	1	—
Pyrexia (unknown origin)	—	1	—	1	—
Post-operative	—	42	—	33	9
Chronic Sick	12	6	—	3	15
Total:	50	183	6	183	44

SCHOOL HEALTH SERVICE.

The most notable event of 1959 to record is the start of a whole time school dental service. Excellent service has been rendered in the past by the hospital dental officers, but at its best this only amounted to four or five sessions per week and was insufficient to meet the need. With the advent of Mr. Campbell, who took up his duties as Jersey's first full time school dental officer on the 1st July, 1959, a new era for the teeth of Jersey's children has opened. One of the upstairs rooms at 100, Halkett Place, has been turned into a splendid surgery and furnished with all the latest equipment. Office and waiting room accommodation have also been provided and there is room for further expansion as more surgeries may be needed. Mr. Campbell's report appears separately at the end of this section.

I am happy to report that Mr. Swain, the hospital dental officer, who has done such good work in the past, is continuing to give some of his time at the hospital to the school children.

The figures for School Medical Inspections given in the tables at the end of this report were compiled during inspections carried out by Dr. Goodey who left the Island on October 31st, 1959, and by Dr. Brommage who very kindly stepped into the breach until the end of the year. Her assistance at this time, as at other times, has been invaluable.

Poliomyelitis sessions in the schools were of first importance during the year and amounted to 106 in number, this could not but interfere with the routine medical inspections. Not only did this work of poliomyelitis vaccinations add an extra burden to the long-suffering school medical clerk, but it also added yet one more to the many demands made on the school principals in the name of child health.

As ever they met these demands with a smile and I would like once more to express my gratitude to them for their unfailing help and co-operation.

MEDICAL INSPECTIONS—1959.

	No. of Children examined	Boys	Girls	No. with defects	Boys	Girls
Group I (5—6 years) ...	655	323	332	497	250	247
Group II (9 years)... ...	624	316	308	481	247	234
Group III (12 years) ...	625	271	354	493	236	257
Group IV (15 years and leavers)	428	210	218	326	167	159
Group V (Specials and re-examinations)... ...	244	100	144	173	81	92
Totals ...	2,576	1,220	1,356	1,970	981	989

HEARTS: No. of children referred for further opinion: 8
Boys: 4
Girls: 4
SQUINTS: No. of children referred for further opinion: 12
Boys: 6
Girls: 6

SUMMARY OF DEFECTS FOR 1959.

(O=Defect requiring observation : T=requiring treatment : R=referred to specialist).

	Group 1			Group 2			Group 3			Group 4			Group 5			Total
	O	T	R	O	T	R	O	T	R	O	T	R	O	T	R	
Cleanliness	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Head	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Body	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Teeth	—	277	—	—	222	—	—	168	—	—	111	—	—	83	—	861
Skin	22	28	6	17	28	2	13	25	5	5	24	9	8	13	7	212
Eyes : Vision	2	—	9	2	2	52	12	—	51	10	1	42	3	1	7	194
Squint	7	8	8	3	—	2	2	—	2	4	3	—	4	—	—	43
Other...	19	—	2	35	—	—	21	—	3	14	1	1	8	—	—	104
Ears : Hearing	13	1	1	8	1	1	16	—	3	10	—	1	4	—	1	60
Otitis Media	3	—	—	—	—	1	3	1	1	2	1	—	1	1	—	14
Other...	44	1	1	33	—	2	36	—	3	26	—	1	12	—	2	161
Nose/Throat...	141	1	3	74	—	—	65	—	—	19	—	1	20	—	—	324
Speech	14	2	—	5	1	—	3	—	—	3	—	—	—	1	—	29
Cervical Glands	158	—	—	107	—	—	107	—	—	45	—	—	26	—	—	443
Heart and Circulation...	22	—	—	40	—	2	42	—	—	25	—	—	10	—	2	143
Lungs	82	—	—	52	—	—	37	—	—	30	—	—	27	—	—	228
Development : Hernia	7	—	1	8	—	—	2	—	—	3	—	—	—	—	—	21
Other	16	—	—	19	1	—	16	—	—	12	—	—	5	—	—	69
Orthopædic : Posture	35	7	—	33	64	—	63	93	—	48	52	—	14	17	—	426
Flat feet	52	24	—	35	83	—	44	92	—	49	51	—	14	22	—	466
Other	38	—	—	45	3	1	46	—	—	46	—	—	10	—	—	189
Nervous System : Epilepsy	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2
Other	7	—	—	2	2	—	1	—	—	—	—	—	3	—	—	15
Psychological : Development	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Stability	14	—	1	6	2	—	6	—	—	1	—	—	4	—	1	35
Asthma	4	—	—	4	—	—	2	—	—	7	—	—	5	—	—	22
Anæmia...	1	1	—	—	—	—	—	1	—	1	—	—	1	—	—	5
Obesity	3	—	—	13	—	—	23	—	—	6	—	—	3	—	—	48
Diabetes	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Totals...	706	350	32	542	409	63	561	380	68	366	244	55	182	138	20	4,116

MEDICAL INSPECTIONS—1959

	No. of children examined	Boys	Girls	No. with defects	Boys	Girls
Primary Schools	1,500	800	700	1,144	631	513
Private Schools	259	50	209	200	42	158
Victoria College and Prep., St. Helier Boys' and Hautlieu	370	370	—	308	308	—
Girls' College, Rouge Bouillon and St. Helier Girls'	447	—	447	318	—	318
Total ...	2,576	1,220	1,356	1,970	981	989

No. of children absent all schools : 109 Boys—43 Girls—66
No. of sessions : 139
No. of sessions for polio vaccinations : 106

SCHOOL DENTAL CLINIC.

July, 1959 saw the start of the first full-time School Dental Service to provide free comprehensive treatment for all children attending States-maintained schools. A fully equipped surgery was installed at 100, Halkett Place, but the Dental Clinic at the General Hospital was still used for extraction clinics.

Six schools were inspected before the end of the year and it was found that 90% of the children seen needed dental treatment and of these 80% consented to an invitation to treatment at the clinic.

In the report of the Public Health Committee for 1957, it was stated that 57% of children seen needed dental treatment. Now that a full examination has been carried out the situation is seen to be much worse, 90% need treatment. This compares with an average of 70% for the United Kingdom. A more detailed examination revealed that the caries attack rate in each child in Jersey is 33⅓% higher than in comparable figures given elsewhere. This means that not only do more children need treatment but they also need more extensive treatment.

This appalling state of affairs must not be allowed to deteriorate any further and is due to several causes which can be easily remedied. Because the effects of neglect can be easily countered, there is much less consideration given to daily care and prevention than there should be. Regular brushing of teeth and rinsing of the mouth after every meal has been shown to reduce the rate of decay by half. There should be no eating between meals, especially of that fatal last sweet at night. There should also be a general acceptance of the fact that extraction is not the only treatment for a decayed tooth. The modern appetite for plastic substitutes has no place in children's dentistry.

The best available method for the systemic control of caries is fluoridation of the public water supply. In a population consuming water adjusted to contain 1 p.p.m. of fluoride, those children born after the adjustment of fluoride level have a caries experience of only 50% of that in comparable children denied the benefits of fluoridation.

I should like to thank the Head Teachers of those schools visited for their co-operation in this new service for their children.

I. J. CAMPBELL,
School Dental Officer.

SCHOOL DENTAL CLINIC

No. inspected	No. needing treatment	No. consenting to treatment	% Treated.
1126	991	827	73·4%

No. of sessions for	
Inspection	Treatment
8	169

No. of first visits	Total attendance	No. of fillings		No. of teeth filled	
		P	T	P	T
585	1326	1242	77	771	452

No. Extractions	
P	T
119	249

REPORT OF THE CHIEF SANITARY INSPECTOR—1959.

I have the honour to submit my thirty-sixth Annual Report for the year ending 31st December, 1959.

As this will be my final report due to my retirement at the end of the year, I thought it might be appropriate to give a resumé of the various conditions, advancements, improvements, etc., which have happened since my appointment as your Sanitary Inspector in July, 1923.

There was one Inspector only on my arrival (Mr. C. S. Dart), and after discussions on points of administration it was decided to divide the Island into two districts (East and West), with equal acreage, each Inspector to be responsible to his Committee, which was then known as the Sanitary Committee, for all reports. This meant annual reports for each district concerned, and this form of administration continued until the retirement of Mr. Dart in May, 1950, when I was appointed your Chief Inspector. In the early days, for twelve years at least, we had NO clerical staff, NO telephone, NO typewriter and we were moved to five different offices, commencing at the :—

(1) Law Library, which we had to vacate on official occasions to offices in—

(2) Library Place, to part of—

(3) the building now owned by the United Club in the Royal Square, to the lower reaches of the—

(4) New States' building and finally to the—

(5) Old Military Hospital, Pier Road.

We had practically NO Public Health Law or bye laws to assist us in our various difficulties and had to rely on good relations with the Public, which I am pleased to say proved excellent, receiving considerable co-operation from architects, builders, plumbers, and people interested in Public Health matters, particularly the Constables of Parishes through whom all notices in those days, to remedy nuisances, defective condemned properties, etc., had to be issued. A long and unnecessary procedure which gave the Constables and their staff a lot of clerical and service worry.

Two Inspectors to deal with the many sanitary problems for an estimated population of 50,000 gave little time for leisure.

In 1934 (and later amended 1948) a new Law on Public Health was passed giving the Committee much wider powers, the chief of which was on buildings control making it compulsory for any person desiring to build or have built a house, dwelling place or construct a building of any kind to submit plans and specifications for approval. In the first year we received and examined four hundred and sixty plans, a good number considering architects, builders, etc., had not been accustomed to this method of procedure, and it did require a great deal of diplomacy to make the Law run smoothly.

During the years of German Occupation, five Annual Reports were submitted to the Committee. These were of necessity brief ; it must be realised that practically all building and repair work was stopped, but there were many other duties to occupy our time. Nuisances caused by the Occupation troops, and the inspection of properties occupied by them, gave us many a headache.

Milk supply received considerable attention and sampling was carried out on a large scale from distribution centres, dairies, milk roundsmen, etc., to keep the supply up to the recognised standard. My report for one year shows that out of 655 samples taken 218 proved on analysis to be unsatisfactory, a very serious matter as milk was one of our main foods. Clean milk production received considerable attention, and was made no easier by the difficulty of obtaining stable bedding for cattle and materials for cleansing, heating and filtering.

Supplies of filtering pads were then obtained from France and these continued, for some unknown reason, to come in their thousands, so much so we did not know where to store them. This problem was overcome by sending the surplus to the General Hospital ; the pads were made chiefly of cotton wool, which turned out to be very acceptable at the Hospital during the shortage of this commodity.

We were given the responsibility of inspecting loaves of bread for deficiency in weight, a supervision which brought the loaf up to the required standard. A great deal of time was spent on the re-opening of mills in connection with the milling of wheat for the Island's bread.

A full report was made for the International Red Cross on the conditions existing at the Public Prison, both from the political prisoners (male and female) and the criminal sections, which was of interesting reading.

In 1949 we started a clean milk campaign resulting in the appointment of two inspectors whose duties were mostly confined to this work, starting from the cleanliness of the cow, cowsheds, utensils, milk in transit, handling, etc. Approximately 2,000 samples were taken yearly for the Methylene Blue Reductase test alone. At the Agricultural and Horticultural Show held at Springfield in 1950, we provided an exhibit consisting of Old Type Cowshed, milking machines, hand milking utensils, cooling plants, filtering methods, methods of examination, methylene blue tests and microscopic slides, sediment discs, photographs showing old and modernised types of cowsheds, etc., which had been carried out locally.

This exhibition was looked upon with mixed feeling by certain members of the farming community, but was very popular with the people in general and was considered to be of great interest and of educational value.

The compulsory bottling of milk became operative in 1951 and approximately 100% is now pasteurised and there is no doubt that this exhibition had great influence in the change from the delivery to house holders of raw milk from open containers. One does now get the full measure, free from adulteration and pollution.

Activity is still proceeding to keep this satisfactory condition operative.

HOUSING.

The first and second Housing Estates were the responsibility of the Public Health Committee and these were constructed only for the re-housing of people occupying properties condemned as being unfit for human habitation and later for severe overcrowding cases. In the first estate, the people were not only re-housed but were provided with the necessary furniture, beds, bedding, tables, chairs, lino, etc., and it can be said that certain Jersey furnishing firms, out of the kindness of their hearts helped by giving, in certain cases, these necessities. This was greatly appreciated by the tenants; it can be quite understood how impossible it was in those days for a working man to leave a one or two roomed back-to-back cottage and to furnish a three bedroomed house.

Since 1923, 510 dwellings have been condemned and closed as being unfit for human habitation. Some have been re-conditioned but most were demolished. Many old properties were demolished voluntarily and the spaces filled up with garages, stores, etc., which was not of good Town and Country planning.

To pin point all slum dwellings or properties which are unfit for human habitation it would be necessary to make a house to house survey, for we have no real concentrated slum areas. Most are in yards behind good properties, but before this can be done, it is essential to have additional Inspectors to make this survey, a recommendation which has been made many times.

Atmospheric Pollution.

We have received practically NO complaints of atmospheric pollution since the commercial boilers were converted into oil burning on underfeed stokers some years ago. Any nuisance now is caused by neglect of the plants, from ordinary domestic fires, from shipping in the Harbour and the exhausts from heavy vehicles.

Cesspool Emptiers.

The first cesspool emptier to be purchased was in 1934; we have now five in full operation and at times unable to cope. An additional emptier has been requested.

GENERAL SUMMARY OF INSPECTIONS, Etc., 1959.

Five thousand and seventy-three inspections, re-inspections, appointments and visits to supervise works in progress, were made of houses, hotels and restaurants, cafés, food shops, schools, building sites, brooks and streams, etc.

There were one thousand and thirteen callers for advice, complaints, etc., all of which received attention.

Eight hundred and five smoke and water tests were applied to new drains and existing systems.

WATER SUPPLY.

Samples taken for :—

	Satisfactory	Unsatisfactory	Total
Chemical analysis	52	66	118
Bacteriological examination... ...	90	30	120

Sources Sampled.	No.	Satisfactory	Unsatisfactory	Improved	Condemned
Wells	81	26	65	15	3
Springs	9	7	2	—	—
Streams	1	—	1	—	—
Rainwater Storage...	9	2	7	2	—
Bore Tubes	15	10	5	—	—
Treated Supplies ...	6	6	—	—	—

Number of samples which contained excessive lead	2
Number of samples which contained excessive copper ...	11
Number of samples which contained excessive zinc	4
Swimming Pools	6

IMPROVEMENTS TO DWELLING HOUSES.

Houses provided with new sanitary facilities	100
Farmhouses provided with new sanitary facilities	25
Houses supplied with Waterworks service	2
Number of houses reconditioned	12
Improvements to dwelling houses such as cleansing, plastering, new windows, doors, additions, etc...........	3
Overcrowding abated	1

DISINFECTIONS AND DISINFESTATIONS.

Number of rooms disinfected for infectious diseases	111
Number of bundles of bedding and clothing disinfected...	151
Number of mattresses disinfected	131
Number of rooms disinfected....................................	386
Number of books disinfected	30

DETAILS OF DWELLING HOUSES WHICH HAVE UPON REPORT BEEN CONDEMNED AND CLOSED BY ACT OF THE PUBLIC HEALTH COMMITTEE AS BEING UNFIT FOR HUMAN HABITATION.

Number of houses condemned.	Position.	Date of Report.	Result of action taken.
1	Tarradale Cottage, Plat Douet Road, St. Saviour.	31.1.59	
1	Wooden Bungalow, 63½, Val Plaisant, St. Helier.	6.2.59	Still occupied.
6	Hilsey Cottages, Elizabeth Lane, St. Helier.	10.2.59	Vacated. Under demolition.
1	4, Le Breton Lane, St. Helier.	13.2.59	Demolished.
1	3, Le Breton Lane, St. Helier.	13.2.59	Demolished.
1	Conners Flat, La Haule Camp, St. Brelade.	4.4.59	Vacated. Converted to store
1	Mulberry Cottage, Le Mourier Valley, St. Mary.	18.4.59	Still occupied.
1	10, Haimance Cottages, Haimance Lane, St. Helier.	22.5.59	Vacated.
1 Chalet	Coronation Guest House, Kensington Place, St. Helier.	25.5.59	Still occupied.
1	Sydney Cottage, Coie Lane, St. Saviour.	29.5.59	Still occupied.

Number of houses condemned.	Position.	Date of Report.	Result of action taken.
2	Sheds, Quarry Verclut, Grouville.	14.7.59	Still occupied.
1	The Bungalow, Gorey Village, Grouville.	10.8.59	Still occupied.
1	Cottage rear of 10, Hilgrove Street, St. Helier.	10.8.59	Vacated.
1	Cottage rear of 20, Union Street, St. Helier.	5.10.59	Still occupied.
1	Cottage rear of 5, Seaton Place, St. Helier.	9.11.59	Vacated.
3 rooms.	23, Midvale Road, St. Helier.	21.11.59	Vacated. Used as Store.
1	Cottage rear of 34, Columbus Street, St. Helier.	28.11.59	Vacated.

Total number of houses condemned 23

CLOSING ORDERS RESCINDED AFTER PROPERTIES BEING COMPLETELY RECONDITIONED.

Number of Houses.	Position.	Closing Order.	Rescinded.
1	Tarradale Cottage, Plat Douet Road, St. Saviour.	31.1.59	29.6.59

Total Number of Closure Orders rescinded......... 1

SUMMARY OF WORK IN CONNECTION WITH THE LAW ON PUBLIC HEALTH, 1934, AS AMENDED.

One thousand eight hundred and eleven plans were submitted for examination and one thousand three hundred and sixty-eight were approved.

Sixty-seven plans were, on report, rejected by Committee as being unsatisfactory.

The following table gives a description of the plans approved:—

	1958		1959
Houses	170	...	137
Bungalows	192	...	189
Flats	45	...	432
Offices	3	...	17
Garages and greenhouses	209	...	329
Shops	20	...	44
Alterations and additions	379	...	352
Workshops, stores, sheds, etc	99	...	84
Miscellaneous	165	...	258
Substations	—	...	25

The increase in the number of flats constructed during the year in comparison with the number of houses and bungalows is most noticeable.

LICENSED PREMISES.

The following table gives details of inspections and improvements to these premises, including plans, where related to sanitary accommodation, etc.

1.	Number of premises dealt with	37
2.	Inspections and re-inspections	48
3.	Interviews with owners' representatives	16
4.	Additional water closets provided	14
5.	New urinals provided	6
6.	New drainage provided	19
7.	New bar sinks provided	9
8.	Water supply connected to bar sinks	5
9.	Wash basins provided	8
10.	Renewed sewer connections	10
11.	Modern sewage disposal plants installed	1

The above table refers to premises holding a licence of the first, third and fourth categories only.

CLEAN FOOD.

1959 was a year of much " Espresso " mechanisation in the catering industry, at least in the bigger establishments and even in the small cafés the individual brewing of cups of coffee or tea was no longer the rule. Washing up was also more automatic, but one could wish for more enlightenment in this sphere. At busy times, in some premises, including licensed bars, the wash water could be confused with the fluid previously in the cups and glasses. Persistent supervision and spreading the gospel of good hygiene is forever necessary. In the absence of legal sanctions, any success is hard won. In addition, this past year, the attentions of the inspector engaged on this work was increasingly diverted to the demands of the Main Drainage scheme.

Visits to food premises, concerning hygiene, routine and advisory, as well as complaints numbered 273.

Of 21 ice-cream samples only 11 were completely satisfactory. Of the others, one was deficient in milk fat, the remainder being below standard bacteriologically. Normal follow-up procedure was carried out.

Three cases of salmonellosis, believed food poisoning, one paratyphoid and one sonne dysentery (contracted in Spain) were reported.

UNSOUND FOOD.

Unsound food examinations numbered three hundred, and seventy certificates of condemnation for human consumption were issued, the total weight of 5 tons, 12 cwt. 15 lbs. being made up of :—

Miscellaneous Goods.

3 lbs. Peeled Prawns.
363 lbs. Salad Cream.
4 lbs. Veg. Salad,
163 lbs. Butter.
51 lbs. Margarine.
188 lbs. Marmalade.
63 lbs. Lard.
77 lbs. Honey.
39 lbs. Frozen Egg White.
21 lbs. Tinned Soups.
3 lbs. Evaporated Milk.
3 lbs. Cooking Fat.
30 botts. Vitamin Fortified Drink.

76 tins Fruit Drinks.
23 botts. Orange Squash.
9 lbs. Mixed Pickles.
34 lbs. Tomato Juice.
22 gals. Ketchup.
60 botts. Lemon Juice.
1 basket Oysters.
1 bag Winkles.
1 bag Mussels.
12 dozen Scallops.
1 dozen Lobsters.
1 gal. Gherkins.

Weight : 1,021 lbs.

CHEESE.

1,014 lbs. Cheese.
179 lbs. Cheese spread.

Weight : 1,193 lbs.

MEAT AND MEAT PRODUCTS.

249 lbs. Chicken.
3,000 lbs. Ham.
146 lbs. Pork Slice.
158 lbs. Corned Beef.
182 lbs. Luncheon Meat.
74 lbs. Beef Steak.
24 lbs. Brisket Beef.
64 lbs. Jellied Veal.
71 lbs. Pork Sausage.
97 lbs. Beef Sausage.
65 lbs. Brawn.
15 lbs. Snax.
16 lbs. Bacon.
26 lbs. Australian Rabbit.
4 lbs. Frankfurters.
1 lb. Tripe.

Weight : 4,192 lbs.

FISH.

2 lbs. Tuna Fish.
112 lbs. Bloaters.
68 lbs. Skate
28 lbs. Mackerel.
168 lbs. Cod Fillets.
5 lbs. Pilchards.
80 lbs. Lemon Soles.
28 lbs. Bream.
112 lbs. Filleted Kippers.
15 lbs. Salmon.
140 lbs. Turbot.
986 lbs. Dover Soles.
4 lbs. Herring Soles.
364 lbs. Haddock.

Weight : 2,112 lbs.

FRUIT AND VEGETABLES.

851 lbs. Apricots.
532 lbs. Peaches
181 lbs. Apricot and Peach Pulp.
42 lbs. Pineapple.
268 lbs. Cherries.
150 lbs. Solid Pack Apple.
222 lbs. Apple.
58 lbs. Peas.
726 lbs. Beans.
25 lbs. Plums.
6 lbs. Carrots.
20 lbs. Beetroot.
287 lbs. Tomatoes.
70 lbs. Grapefruit.
22 lbs. Pears.
23 lbs. Mixed Vegetables.
122 lbs. Cucumber.
280 lbs. Rhubarb.
40 lbs. Chestnuts.
30 lbs. Blackberries.
86 lbs. Mixed Fruits.

Weight : 4,041 lbs.

PRODUCTION OF CLEAN MILK.

Methylene Blue Reductase Test (Raw Milk)

Total number of samples taken	718

Five hundred and thirty-eight samples of morning milk were taken from farmers' cans at the collecting depots and examined on day of receipt. Four hundred and fifty or 83.7% were satisfactory, sixty-nine or 12.8% were fair, and nineteen or 3.5% were unsatisfactory.

Methylene Blue Reductase Test (Pasteurised Milk)

One hundred and eighty samples of pasteurised milk were taken from roundsmen, milk shops and dairies. All were satisfactory.

Phosphatase Test (Efficiency of Pasteurisation)

Two hundred and twenty-five samples of milk were taken at all stages from dairy to consumer, two hundred and eighteen or 96.9% were satisfactory and seven or 3.1% were unsatisfactory. It may be noted that five of the unsatisfactory samples were taken during an advisory investigation at the installation of a new pasteurisation plant and this should be deducted from the total of unsatisfactory samples in order to give a true picture of the position.

Farm Inspections	32
Interviews	624
Inspections of dairies	59
Inspections of milk shops	178
Inspections of milk collection and distribution vehicles	154
Inspections of food premises	701
Visits to Bacteriological Laboratory	72
Visits to Analyst	54

FOOD AND DRUG SAMPLES.

Nature of sample	No. of samples taken	Genuine	Remarks.
Milk ...	319	313	6 Not genuine. These were investigated and following samples found to be satisfactory.
Cream ...	18	18	—

Foods :—

Fifty-three samples of other foods were submitted for analysis comprising :—

rum flavour—1 ; lemon flavour—1 ; cheese spread—3 ; malt vinegar—1 ; tomato ketchup—1 ; canned tomatoes—1 ; dressed crab—1 ; almond flavour—1 ; cake mix—1 ; blancmange powder—1 ; flour—3 ; desicated coconut—1 ; minced beef—1 ; minced meat loaf—1 ; fish paste—4 ; meat paste—3 ; nutmeg (ground)—1 ; cinnamon (ground)—1 ; ginger (ground)—1 ; cornflour—1 ; pudding—1 ; melons in syrup—3 ; jam—6 ; sardines in oil—2 ; tea—8 ; sugar—1 ; mushrooms—1 ; red peppers—1 ; coffee—1.

Drugs :—

Twelve samples were taken as follows :—
bicarbonate of soda—2 ; stomach tablets—1 ; stomach powder—3 ; zinc and castor oil cream—2 ; zinc ointment—1 ; Epsom salts—1 ; boric acid—1 ; aspirin—1.

GENERAL IMPROVEMENTS TABLE.

The undermentioned figures are the result of complaints received and requests for advice on existing properties.

New connections to sewer	239
Renewed connections to sewer	48
Drainage systems remodelled	305
Modified sewage disposal plants installed	71
Soakaways built	16
Drains unchoked	47
Foul soakaways or cesspools abolished	217
Brick and old drains abolished	127

PLUMBING WORK.

New baths installed	98
New sinks installed	91
New wash-hand basins installed	133
New urinals installed	9

IMPROVEMENTS TO SANITARY CONVENIENCES.

New water closets constructed	134
Foul privies and closets abolished	34
Miscellaneous nuisances abated	118

CESSPOOL EMPTIERS.

Three thousand six hundred and sixteen septic tanks, soakaways, etc., a total of six thousand, three hundred and thirty-one loads were emptied by the cesspool emptiers.

This represents an increase of one hundred and forty-two jobs and three hundred and eight loads on 1958.

RODENT CONTROL OPERATIONS.

During the year, one hundred and ninety new complaints of pest were inspected, which together with the old recurring cases, necessitated six hundred and fifty-six re-inspections and extra visits, destruction service being carried out on five hundred and eighty-five occasions. In addition, seventeen cases of spraying for cockroaches and flies were dealt with, as were fifteen wasps nests in or near the entrance to buildings. Pocket concentrations of rats in sewers have been serviced and the ratio of rat destruction work for this year was 42.9% in the town to 57.1% in the country.

Percentage of rat destruction service (as apart from sewer manholes) over the last five years are as follows :—

	Town	Country
1955	57·1%	42.9%
1956	60.9%	39·1%
1957	47·4%	52.6%
1958	42.1%	57·9%
1959	42.9%	57·1%

In conclusion, I should like to thank Dr. Darling, Medical Officer of Health, the Sanitary Inspectors, Mr. Simon, Department Secretary, all members of the clerical staff, Mr. Hamon, drivers and helpers, etc., for their loyal co-operation. It is nice to know that during the last thirty-seven years there has been only two sanitary inspector resignations, one at retirement age and the other for a better appointment which gives an idea of the harmony existing in the Department. I should also like to thank the President and Members of the Public Health Committee, Committee Secretary and the Greffe Office for continued support at all times.

L. HAMMOND,
Chief Sanitary Inspector.

BOARDING OUT SCHEME FOR THE AGED AND INFIRM.

Under this scheme old folk who are no longer able to keep house satisfactorily for themselves, are found accommodation in private homes. The landlady receives £3 10s. 0d. per week and the old person receives 6/- per week as pocket money.

The health visitor's report shows that the number boarded out remains almost the same, but that the turnover during the year was high. 14 persons were added and 15 removed from our register in 1959. 6 of these removals were due to death and nine due either to transfer to an institution on account of illness or to a return to looking after themselves.

	Male	Female	Total
Number of aged and infirm persons boarded out 1st January, 1959	17	18	35
Number of persons added during 1959 ...	8	6	14
Number of persons removed during 1959 ...	7	8	15
Number of persons boarded out 31.12.59 ...	18	16	34
CAUSES OF REMOVAL DURING YEAR 1959.			
Deaths	5	1	6
Admitted to an institution	2	5	7
Returned to own home...	—	2	2

OCCUPATION CENTRE.

REPORT FOR 1959.

The number of children at the Centre during 1959 has increased from twenty to twenty-five, and with transport provided we have had very good attendances.

Two children left the Centre at the end of the school year to go to schools for normal children, and I am pleased to report that we had considerable success at the Jersey Eisteddfod in November, gaining 23 certificates: 4 Honours, 10 First Class and 9 Second class.

The children were given medical examinations, and injections for polio and diphtheria during the year.

The standard of work both in art and needlework has improved considerably and the parents of the children are very pleased with their behaviour at home.

A party was also given to the children by senior members of the Jersey College for Girls.

As the school has grown and become established the need for larger premises with an out-door playground has become acute and we are delighted to hear the welcome news that we are to move in 1960 to larger premises at Grouville, loaned to us by the Education Committee.

(Mrs.) A. ABBOTT,
Supervisor.